



County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES


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July 16, 2009

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Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW  
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Chief Probation Officer

Board of Supervisors  
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**TITLE IV-E CHILD WELFARE WAIVER CAPPED ALLOCATION DEMONSTRATION  
PROJECT IMPLEMENTATION PLAN: PROGRESS/ACTIVITY REPORT TO CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES**

On June 26, 2007, your Board approved the *Title IV-E Waiver Capped Allocation Demonstration Project (CADP) Implementation Plan, Edition 1, June 21, 2007*, permitting the Department of Children and Family Services (DCFS) and Probation Department (Probation) to make critical changes in the way child welfare services are provided to children and families in Los Angeles County. As part of the CADP and subsequent Memorandum of Understanding (MOU) with the State, we are to provide semi-annual Progress/Activity Reports to the California Department of Social Services (CDSS). Attached is our third semi-annual Title IV-E Waiver Project Progress/Activity Report, covering the January 1, 2009 to June 30, 2009 period, submitted to CDSS on July 15, 2009.

The Departments will submit another update to your Board in approximately six months. If you have any questions, please call us or your staff may contact Armand Montiel, Manager, DCFS Board Relations Section, at (213) 351-5530.

PSP:TM  
LP:pws

Attachment

c: Chief Executive Officer  
Acting County Counsel  
Executive Officer, Board of Supervisors

*"To Enrich Lives Through Effective and Caring Service"*

**Los Angeles County**  
**Department of Children and Family Services and Probation Department**  
**Title IV-E Child Welfare Waiver Capped Allocation Demonstration Project**  
**Progress/Activity Report**  
**January 1, 2009 through June 30, 2009**

**Project Overview and Status**

The Title IV-E Child Welfare Waiver Capped Allocation Demonstration Project (CADP) continues to provide Los Angeles County with the financial flexibility necessary to make strategic investments in structural and programmatic reforms needed to better serve children and families. As previously reported, these reforms build upon and complement ongoing systemic improvements underway among County Departments and their community partners in Los Angeles County. This progress report provides an update on the status of the Department of Children and Family Services (DCFS) and Probation Department (Probation) implementation priorities between January 1, 2009 and June 30, 2009. Since the implementation of the CADP on July 1, 2007, the total DCFS AFDC-FC caseload has decreased by 16.6% through May 31, 2009 (from 18,304 to 15,274) and has decreased 5.1% since the last reporting period ending December 31, 2008 (from 16,099 to 15,274). The following table details AFDC-FC caseloads numbers by federal and non-federal and placement type:

**DCFS AFDC-FC Caseloads**

	Children in FFH			Children in FFA			Children in Group Home			Total		
	Non-Fed	Fed	Total	Non-Fed	Fed	Total	Non-Fed	Fed	Total	Non-Fed	Fed	Total
Jun-07	2,821	7,603	10,424	1,325	4,097	5,422	1,018	1,440	2,458	5,164	13,140	18,304
Dec-07	2,691	7,112	9,803	1,373	3,971	5,344	879	1,185	2,064	4,943	12,268	17,211
May-08	2,594	6,860	9,454	1,348	3,785	5,133	831	1,143	1,974	4,773	11,788	16,561
Dec-08	2,434	6,682	9,116	1,329	3,759	5,088	877	1,018	1,895	4,640	11,459	16,099
May-09	2,355	6,018	8,373	1,257	3,759	5,016	1,028	857	1,885	4,640	10,634	15,274
% of Change 6/07 to 5/09	-16.5%	-20.8%	-19.7%	-5.1%	-8.2%	-7.5%	1.0%	-40.5%	-23.3%	-10.1%	-19.1%	-16.6%
% of Change 12/08 to 5/09	-3.2%	-9.9%	-8.2%	-5.4%	0.0%	-1.4%	17.2%	-15.8%	-0.5%	0.0%	-7.2%	-5.1%

\*Actual data for June 2009 will not be available until the end of July 2009

**Probation Caseloads for Youth in Group Home Placements**

The reduction in placement caseloads realized by Probation during the CADP was maintained during this reporting period. Between January 1, 2009 and June 30, 2009, the number of youth residing in group homes closely mirrored what was reported in the July 2008 - December 2008 report, with monthly average group home populations ranging from 1,052 – 1,058.

**Department of Children and Family Services – First Sequence Priorities**

After considering the target populations, ease and speed of implementation efforts, and breadth of impact on the desired CADP outcomes, DCFS identified the following three first sequence priorities, which remained operational during the January 1, 2009 to June 30, 2009 reporting period: Expansion of Family Team Decision Making (FTDM) Conferences; Focused Family Finding and Engagement through Pilot Specialized Permanency Units at Three Regional Offices; and Up-front Assessments on High-Risk Cases for Domestic Violence, Substance Abuse and Mental Health Issues.

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Expansion of Family Team Decision Making (FTDM) Conferences - As previously reported, DCFS increased the number of FTDM facilitators by fourteen so that regular multi-disciplinary team conferences could be held for children placed in group homes or in foster care for two years or longer with no identified permanency resource. These conferences ensure that a multi-disciplinary team of professionals, family members and caregivers meets regularly to focus on the urgent permanency needs of these youth, and the outcomes from the TDM expansion are encouraging. At the time Permanency Planning Conferences (PPC) were implemented, 1,050 youth who met the criteria for a PPC TDM resided in group home placement. This number of youth in group home placement has decreased to 862, with 94 youth returned to the home of a parent or placed with a relative. PPCs have also resulted in over 100 youth being identified for a lower level of care. Between January 1, 2009 and May 31, 2009, an additional 240 TDM PPCs were held; to date, over 90% of the youth in group home placement who meet PPC criteria have received an initial PPC. As a result, the 14 specialized facilitators will now begin expanding PPCs to include children placed in out of home care for two years or longer with no permanency resource.

Focused Family Finding and Engagement through Pilot Specialized Permanency Units at Three Regional Offices – As previously reported, specialized Youth Permanency (YP) Units were established to target DCFS' older high need youth most at risk of aging out of foster care with no permanent connections. As of June 2009, three regional offices, Metro North, Pomona, and Santa Clarita, were operational and fully staffed with six Children's Social Workers (CSW) and one Supervising Children's Social Worker (SCSW) per office. Due to reduced caseloads and expert training, YP Unit CSWs are better able to establish relationships with the youth and focus their energies on identifying and reconnecting the youth with family.

- The Metro North YP Unit currently serves 79 youth. Of these 79 youth, one returned home, one is under legal guardianship, 10 were placed with relatives, 6 were placed in lower levels of care, 11 have plans of adoption, and 11 have plans of guardianship. Forty-six of the youth currently being served who were previously identified as having no or limited connections with family now have ongoing visits with siblings or other family members, and 16 youth have been placed with siblings with whom they were not previously placed.
- The Pomona YP Unit currently serves 85 youth. Of these 85 youth, 12 youth moved into lower levels of care; in addition, 5 youth were placed with relatives, 3 were reunified with parents, 10 have a plan of adoption, and 14 have a plan of guardianship. Seventy-nine youth who are currently served by the Pomona YP Unit and were previously identified as having no or limited connections with family now have ongoing visits with siblings and other family members.
- The Santa Clarita YP Unit currently serves 55 youth. During the reporting period, one youth has reunified with parents, one successfully exited the system through adoption, 2 have adoption plans, 12 have legal guardianship plans, 2 were placed with relatives, and 12 have moved to lower levels of care. In addition, 37 youth who are currently served by the Santa Clarita Unit and were previously identified as having no or limited connections with family now have ongoing visits with siblings and other family members.

Up-Front Assessments on High-Risk Cases for Domestic Violence, Substance Abuse and Mental Health Issues - Up-Front Assessments continue to be conducted on the target population of families with high-risk Hotline referrals; experts in substance abuse, domestic

violence and mental health services provide immediate, comprehensive assessments, and connect families to treatment and ancillary services in the community. These services allow Emergency Response (ER) CSWs to make more informed case decisions, and in many cases, permit children to remain safely in their homes.

As previously reported, DCFS has contracted with SHIELDS for Families to provide up-front assessments for the Compton Office since October 1, 2007. In May 2008, two additional regional offices, Metro North and Wateridge, and the Emergency Response Command Post (ERCP), which handles referrals of child abuse and neglect at night, on weekends and holidays, began implementing and utilizing up-front assessments in a limited fashion, with additional contracted agencies in their Service Planning Areas (SPA). Between November 2008 and April 2009, up-front assessments expanded to the remaining DCFS regional offices; as of April 13, 2009, 40 Family Preservation Agencies have been contracted to conduct up-front assessments and assessments are available to all DCFS regional offices and ERCP. Between October 1, 2007 and June 30, 2009, up-front assessments have been provided to 1,160 families with 4,230 children. These assessments resulted in removals (voluntary and court) for just 131 families.

### **Probation Department - First Sequence Priorities**

Based on Probation foster care trend data, initiative impact on targeted populations, and feedback from stakeholders, Probation is committed to the continuation of the first sequence priorities: Cross-Systems Case Assessment and Case Planning, and Expansion of Functional Family Therapy (FFT). Probation also maintained on-going efforts for two additional CADP initiatives that were identified in Probation's five-year plan: the Restructure of Placement Services and Utilization of Aftercare Support Services.

Cross-Systems Case Assessment and Case Planning (CSA) - was designed to pair mental health clinicians and therapists with Placement Deputy Probation Officers (DPO) to provide integrated and coordinated assessments of delinquency risk and protective factors and mental health functioning of youth ordered Suitable Placement by the Court. CSAs are used to identify treatment service needs and match probationers with appropriate group home providers. During the January 2009 - June 2009 period, it was determined that Probation had no CSA tracking tool in place and was relying on DMH to track CSA data. A review of Probation and Department of Mental Health (DMH) CSA documentation revealed discrepancies in the total number of CSAs conducted prior to this reporting period. Factors related to the discrepancies included:

- Total numbers of CSAs reported by Probation staff, at any given time, relied on the staff's understanding of what numbers/totals they were to report on, calendar year or fiscal year CSA totals.
- At one point, Probation staff confused a DMH CSA sample population number as the total CSAs conducted when reporting out. DMH staff conducted an internal outcomes analysis on the target populations (Placement youth and Placement youth who had received a CSA) and the study consisted of a sample of the total population served. The outcomes study was referenced in the previous progress report. In that report, the total number of youth that received a CSA that was provided was inaccurate due to the confusion between actual served and the sample study.
- Gaps in communication resulted in CSAs conducted primarily on replacements as opposed to "new" Suitable Placement cases, as originally designed. The available

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resources are insufficient to support CSAs for every Placement case, both "new" and "replacement." It is believed that if the CSAs are conducted on "new" cases, the impact will reduce the number of replacements needed and reduce the timelines to reunification. Reducing timelines to reunification will increase the amount of reinvestment realized. The additional resources will support increasing the CSA population to include replacement cases.

To address these issues, Probation implemented a CSA Steering Committee comprised of DMH staff and impacted Probation managers from Title IV-E Management, Placement Administrative Services, Placement Residential Based Services and Placement Quality Assurance. In addition, impacted Supervising DPOs (SDPO) and DPOs are invited to attend Steering Committee meetings to provide input and feedback on all components of the CSA. The Steering Committee is charged with identifying and memorializing all agreements made to increase service delivery, including developing appropriate processes, procedures and policies for the implementation of the daily activities of the CSA program; developing and implementing an MOU between DMH and Probation that outlines roles and responsibilities; developing and/or modifying data tracking tools and developing enhancements to the existing CSA reporting out tool. This effort has enhanced communication between all impacted stakeholders, at every level. Communication improves planning efforts needed to enhance service delivery by identifying gaps in services and needed program modifications and/or enhancements. Additionally, a formalized process supports increasing productivity and efficiency.

DMH reviewed all CSAs conducted and reported that between July 2007 and June 2009, Probation and DMH conducted 901 CSAs; 209 were conducted during the current reporting period. As of June 15, 2009, the CSA team has only conducted CSAs on Placement youth that have a "new" Suitable Placement order.

Expansion Functional Family Therapy - Probation adopted FFT as a first line treatment approach to serve the CADP target populations. As previously reported, research on maintaining and supporting behavior change for troubled adolescents indicates intervention is most effective if promoted within a family context. FFT services are delivered in the home rather than in a clinic or residential treatment setting. Five FFT teams serve our target population; two teams are Probation in-house FFT interventionists, and the remaining three teams are provided by County contracted vendors, Shields for Families and Starview Treatment Center. Probation's two FFT teams began their second year of program implementation in June 2009. Two FFT DPOs (FFT interventionists) were recommended by the FFT National Organization and California Institute of Mental Health to be FFT Site Supervisors, one for each team. Probation management concurred and the two staff were enrolled in FFT mandated Site Supervisor Training. Staff completed the first of three trainings in June 2009. Probation has continued to use a blended funding strategy to cover program costs, utilizing IV-E reinvestment dollars and Medi-Cal. During the CADP project period, Probation has provided FFT services to 414 youth and families. Of these, 90 youth and families began receiving FFT services during the January 2009 – June 2009 project period. Youth identified for program participation were Probation Placement youth previously residing in congregate care who were released to the care and custody of their parents with FFT services.

In the July 1, 2008 - December 31, 2008 Progress/Activity report submitted to CDSS, Probation provided FFT program effectiveness findings experienced in the first year of the CADP. The findings reported were the result of two sets of analyses. The first set of analyses compared all

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youth who were discharged from FFT, and the second set of analyses compared all youth who successfully completed FFT. Both groups were measured against a comparison group. For purposes of program evaluation, the comparison groups consisted of Probation youth who closely resembled/matched the FFT groups on demographics and Suitable Placement involvement. In June 2009, Probation began a second year, two-pronged analyses; one analysis will provide an update on the status of the treatment and comparison groups in the initial study, and the second analysis will be completed on youth and families that meet the original study criteria that received services in the second year of the CADP. Probation will provide these outcome findings in the next report to CDSS.

Restructure of Placement Services - At the onset of the CADP, Probation began to restructure the Placement Services Bureau in an effort to enhance service delivery to youth and families and meet program goals. The Department has made numerous changes in the way business is conducted. While some changes represent incremental reforms to the system, others represent a sizable attempt to improve the overall system. Changing the culture of the workforce and impacted stakeholders is complex, requiring change on many different levels as well as up-front planning.

Three efforts that have supported restructure efforts: the development and implementation of a Placement Restructuring Steering Committee, a Probation Placement Practice Model, and weekly Placement Services Bureau Management meetings. The Steering Committee is charged with assisting in the identification of needed system improvements and administrative infrastructure needs. Due to the time required to implement some of the identified internal system improvements coupled with a Department wide reorganization of executive administrators in April 2009, the Placement Restructuring Committee was placed on a temporary hiatus. It is anticipated that this committee will reconvene in late 2009.

Casey Family Programs continues to support the Department's restructuring efforts by providing consultant services focused on the development and implementation of the Department's Placement Practice Model initially developed in 2008, with most recent revisions made in June 2009 (Attachment I). The Practice Model is a day-to-day work guide that: describes practice from case opening to case closure; and outlines practice principles, practice sequences and techniques. Further, the Practice Model is an organizational ideology that includes definitions and explanations regarding how staff is to partner with stakeholders in the delivery of services to achieve positive outcomes for youth and their families. This is a living document in that processes, procedures and protocols will require constant change resulting from a number of factors, including local, state and federal child welfare reform efforts; modifications to existing Title IV-E regulations and fluctuations in the economy.

Weekly Placement Management Meetings focus on the development of an assignment matrix that helps assess efficiency, re-deploy resources, define roles and ensure the synergistic effort of the entire team with a view towards meeting our stated goals. These meetings are also geared to strengthen strategic planning efforts, identify the most effective approaches to deliver outreach services, and ensure that youth and families are being served in an effective, productive and appropriate manner.

Utilization of Aftercare Support Services - Placement Aftercare Community Transition Services (PACTS) is responsible for two units of operation, an in-house FFT Unit and a Functional Family Probation/Parole (FFPP) Unit. The PACTS operation continued to provide critical overall

support to the youth and families that enrolled in FFT and ensured that youth experienced a seamless transition from the group home to community. In June, 2009, two DPOs completed the first of three trainings required to become FFT site supervisors. It is anticipated that they will complete all three mandatory trainings by the end of August 2009.

FFPP is an evidence based case management practice for juvenile justice workers who are charged with supervision of youth in a community setting. Traditional supervision models are commonly set up to monitor only adjudicated youth. FFPP's primary strength is in employing the support of family and/or community members. By strengthening the family support system, the FFPP practice model greatly increases the likelihood for long term success for the youth and families Probation serves. FFPP is a supervision model based on the principles of FFT. FFPP DPOs work with families to address the role each member has in generating, and ultimately resolving, "problem behavior." Early interventions reduce blame and negativity among family members and instill hope for change. FFPP works through the following phases: engage and motivate; support and monitor; and generalize.

All FFPP unit staff completed the required FFPP training in January 2009. To be FFPP model adherent, Probation FFPP staff must participate in mandated scheduled interactions with a certified FFPP contracted consultant, including: weekly conference calls, SDPO conference calls and in-person trainings. Additionally, FFPP maintains a program requirement that each SDPO accompany the DPOs of record to weekly home visits to observe the DPOs implementation of FFPP. This helps familiarize the SDPO with individual cases and each DPO's style to better supervise staff utilizing the FFP model.

All DPOs completed the initial FFPP training in January 2009. On the recommendation of the FFPP consultant, cases assigned prior to the FFPP training will not be supervised using the FFPP case management model, as it would not be effective to change modalities in the middle of working with a case. All new cases assigned after January 2009 are supervised using the FFPP case management model. In June 2009, FFPP DPOs carried caseloads between approximately 16 to 24 cases, and during this reporting period, the FFPP DPOs provided FFPP supervision to approximately 58 youth and families. An effort has been made to terminate or transfer eligible non-FFP cases to make space for new cases with the goal of caseloads comprised exclusively of FFP cases. Percentages of FFP cases per caseload vary greatly from unit to unit, as some DPOs have received more new cases due to being fairly new to PACTS.

### **Second Sequence Priorities**

Based on the success of first sequence priorities and input from our community partners and stakeholders, the Departments established their plans for FY 2008-2009 and FY 2009-2010, as detailed in the, *Title IV-E Capped Allocation Demonstration Project (CADP) Implementation Plan, Edition 2, February 3, 2009* attached (Attachment II). The Board of Supervisors approved this second sequence plan and the authority to hire staff positions to support the expansion and/or implementation of Waiver strategies on February 3, 2009.

### **Department of Children and Family Services - Second Sequence Priorities**

As per the plan, in addition to the three first-sequence initiatives detailed above, DCFS expanded and/or implemented the following second sequence initiatives:

Promoting Safe and Stable Families (PSSF) – For FY 2008-2009, DCFS utilized approximately \$970,000 in Waiver funds to restore federal cuts made to Promoting Safe and Stable Families (PSSF) Programs, including Family Support, Family Preservation, Time-Limited Family Reunification Services, and Adoption Promotion Services and Support (APSS). Utilizing these funds has allowed the contract providers to continue to provide the full array of contracted services in the period from July 1, 2008 to June 30, 2009. Without these funds, DCFS would have had to reduce contracts for these services in the middle of the contract year.

Countywide Prevention Efforts, Such as Differential Response – DCFS earmarked \$6 million for prevention strategies starting in FY 2009-2010. One of the funded strategies for which \$3.76 million has been allocated is a second year of the DCFS Prevention Initiative Demonstration Project (PIDP) which was approved by the Board of Supervisors on June 9, 2009 (see PIDP section below for information on the first and upcoming second year of PIDP). The second funded prevention strategy, currently under development and for which \$1.5 million has been allocated, is Los Angeles County's implementation of Differential Response Path One. Differential Response Path One will connect Child Protection Hotline "evaluated out" referrals/families to voluntary services and resources. The goal of this initiative is to reduce the Hotline re-referral rate for these families and to prevent them from becoming open referrals due to child abuse and neglect. The earliest projected implementation date for the effort is October 2009.

Regional Office Community Partnering – Waiver funding will be provided to DCFS regional offices to promote collaboration via events to deepen the work with community partners on key reform issues and expanding prevention services, such as eliminating racial disproportionality and disparity, increasing child safety and reducing timelines to permanency. DCFS has identified a Program Manager for this effort and prepared draft policy instructing regional offices on the protocol to access Community Partnering funds.

### **Probation – Second Sequence Priorities**

Probation received approval from the Board of Supervisors to implement a program enhancement for the existing program priority, Expansion of FFT, and establishment of a third program priority, Prospective Authorization and Utilization Review.

Expansion of FFT Program Enhancement - Probation received CEO approval to hire staff responsible for the implementation of FFT program enhancement, Parent Daily Reviews (PDR). PDRs are a component of the evidence-based Multidimensional Treatment Foster Care program. Community Workers will conduct PDRs for all youth that have transitioned from group home care to the community. They support supervision by providing crucial information on a family's progress during the first 60 days of family reunification. The PDRs will allow the DPO of record and the treatment teams to make appropriate interventions, if needed, to support reunification. It is anticipated that this effort will improve response time to youth and family needs while reducing the percentage of youth that re-enter the foster care system and/or fall deeper into the juvenile justice system due to antisocial behaviors that could lead to high levels of care such as Camp Community Placement.

The Prospective Authorization and Utilization Review Unit (PAUR) - Probation received CEO approval to hire staff responsible for the implementation and daily operations of the PAUR program. PAUR will be established to assist in the decision making process to match youth and

families with appropriate services, improving consistency in service utilization, as referrals to services will be pre-approved, based on whether or not a youth and family meet the specified focus for each service. This unit will be responsible for reviewing the use of each of these services at designated intervals to ensure that there is a systematic rationale that allows for extended services that may be required to obtain desired outcomes on a case-by-case basis. This will improve Probation's ability to strategically manage and maximize available resources. In April 2009, a Probation Director was identified to implement the unit and begin working with Department managers to identify and develop the implementation strategies required so that operations could run smoothly once staff was identified. Staff recruitment efforts are underway.

### **Project Administration/Fiscal Management/Implementation Activities**

**Planning/Oversight Efforts** – DCFS and Probation Waiver Teams continue to work in concert and participate in regular Waiver Management Team meetings to provide project coordination and updates and discuss next steps. Both Departments attend bi-monthly implementation meetings with Casey Family Programs and monthly County Steering Committee meetings with the CEO and have made numerous presentations to the Board of Supervisors, Justice and Children's Deputies, Children's Commission and CEO.

**DCFS** - Based on feedback and requests from DCFS regional staff, community partners and other stakeholders, rather than sponsoring one large, centralized community stakeholder meeting as in years past, DCFS convened five regional "Strengthening Community Partnership" events in May. Over 1,000 individuals participated, discussing partnership successes and challenges and planning next steps to keep the partnership momentum going. In addition to the convenings, DCFS continues to be involved in the following planning/oversight efforts specific to its project priorities:

- **Monthly Waiver Coordinator Check-In Call with CDSS** – The DCFS Waiver Coordinator participates in monthly conference calls with Alameda County's Waiver Coordinator and CDSS Waiver Managers.
- **DCFS Executive Team**, led by the Director, meets weekly; the Waiver Coordinator provides updates, and upper level administrators discuss CADP activities, status and challenges.
- **DCFS Waiver Team** meets on a regular basis to discuss progress of CADP initiatives and day-to-day operations.
- **State/County IV-E Fiscal Workgroup** - Periodic conference calls led by CDSS with Los Angeles and Alameda Counties are held to discuss fiscal issues.
- **State/County IV-E Evaluation Workgroup** - Periodic conference calls led by CDSS with Los Angeles and Alameda Counties, and stakeholders, are held to discuss evaluation issues.
- **Family Team Decision Making Roundtable** – The TDM Manager meets on a monthly basis with TDM facilitators countywide to address policy, practice and operational issues and often provides training and implementation of new initiatives related to TDM.
- **PPC/TDM Facilitators** – The PPC Manager meets monthly with the PPC facilitators to address implementation of PPCs and outcomes related to PPCs held for youth in out of home care with no identified permanent plan.
- **Youth Permanency Implementation Workgroup** met bi-weekly to address policy and practice issues and expedite implementation of the YP Units. Effective July 10, 2009, this Workgroup will be folded into a newly formed "Permanency Committee," which will address permanency issues across the Department while continuing to support the YP Units.

- Centralized **Up-front Assessment meetings** occur monthly to address up-front assessment implementation, data collection and outcomes evaluation. As up-front assessments have rolled out to the regional offices and ERCP, localized meetings have also been established. Meetings also take place with contracted up-front assessment providers on a monthly basis.
- **Residentially-Based Services (RBS) Collaborative** continues to meet regarding a redesign proposal for residential care for DCFS youth. Once the RBS plan is implemented, the RBS Workgroup will reconvene to continue its oversight of RBS reform
- **Other Meetings** are ongoing with the Children's Commissioners, Board Offices, and CEO budget analysts specific to DCFS project components.

**Probation** - In April 2009, Probation began a significant executive reorganization due to the retirement of two of three Probation Deputy Directors in early 2009. This prompted inter-department promotions and a shift in management at various management levels including Deputy Director, Bureau Chief, Director, and Supervising Deputy Probation Officer. The CADP program priorities and Title IV-E related support efforts primarily fall under the jurisdiction of the Placement Services Bureau, and during the current reporting period, the reorganization had a sizable impact on this Bureau.

Probation facilitates and participates in the following project planning/oversight meetings specific to its project priorities:

- **Weekly Expansion of Functional Family Program Priority Steering Committee meetings** are held to enhance service delivery, ensure appropriate data is shared in a timely manner, identify capacity needs and strategically plan for outlying years.
- **Weekly Cross-Systems Assessment and Case Plan Program Priority Steering Committee meetings** are held to identify gaps in service and identify program needs to fill gaps, ensure appropriate processes and procedures are in place to meet outcomes, identify needs of all impacted stakeholders to ensure that the program is addressing critical needs, and to strategically plan for outlying years.
- **Weekly Probation Management Meetings** to help guide implementation of the Placement Service Bureau's Initiatives. The CADP is a bureau initiative and compliance to all Title IV-E rules and regulations are mandated and monitored by the bureau.
- **Monthly Group Home Provider Meetings** are held to address communication needs under the Waiver environment, facilitate communication of the CADP Plan to Probation's group home providers and provide feedback on barriers, successes and opportunities.
- **Quarterly Group Homes Administrators Meetings** are held to increase communication during the Waiver project period.
- **Bench Officers Meetings** are convened to inform Delinquency Bench Officers of the progress of Probation Waiver efforts and to receive feedback from the bench that could be included in ongoing efforts to improve services and move system improvements forward.
- **Monthly conference calls** are held with the CEO and DMH regarding Title IV-E administrative and operational needs of all Probation Waiver initiatives.
- **Monthly conference calls** or formal meetings are held with a Casey Family Programs consultant for Probation's Practice Model that impacts Waiver efforts.
- **Monthly conference calls** are held with Casey Family Programs regarding Probation Waiver efforts and/or needs.
- **Other Meetings** are ongoing with the Children's and Probation Commissioners, Board Offices, and CEO budget analysts specific to the Probation project components.

Specific Program and Policy Changes – **DCFS** policy has been revised to address the use of Permanency Planning Conferences in each of the Department's regional offices; the implementation of up-front assessments in all DCFS regional offices and the Emergency Response Command Post (ERCP); and the operation of YP Units in three DCFS offices. As previously stated, draft policy addressing the use of Regional Office Community Partner funds has been written as well.

**Probation** has made the following significant program and policy changes aimed at supporting CADP and enhancing service delivery to CADP target populations:

- Historically, youth on a Suitable Placement order were detained in one of three Department-operated Juvenile Halls. As of April 2009, detained youth on a Suitable Placement order are housed in one Department-operated juvenile hall, Central Juvenile Hall. This action required numerous program and policy changes Department-wide as the change impacts the daily operations of institutions, Placement Services and transportation. The change expedites service delivery in areas including, but not limited to: meeting with youth face-to-face, accessing case records, completing case process requirements, coordinating placements, and expediting outside agency process mandates for group home providers, DMH and Health Services.
- As of June 2009, the Department agreed that Placement Services Bureau staff would be moved in an effort to increase service delivery. Staff slated to relocate include the Placement Unit comprised of twelve staff responsible for Cross-System Assessments and youth movement coordination (detained youth to be moved to group home care). As of May 2009, one staff was co-located to work with the DCFS Revenue Enhancement Section responsible for various components of eligibility processing and financial reconciliation.

#### **Challenges and/or Technical Assistance Needs**

**DCFS** has experienced the following challenges in implementing CADP priorities during this reporting period:

- Shortage of staff required to monitor and oversee all aspects of up-front assessment implementation.
- Lack of an automated system to track expenditures and revenue in more detail, requiring DCFS to create manual spreadsheets to accurately identify and track data and funding sources.

**Probation** has experienced the following challenges in implementing the CADP during this reporting period:

- Inability to obtain additional required CADP expenditure information, specifically funds used for Wraparound Services. Probation, through its collaboration with DCFS, has obtained detailed expenditure reports for Wraparound and Placement, and an exhaustive interdepartmental DCFS/Probation data reconciliation is currently underway. This reconciliation will allow for the tracking and monitoring of accurate expenditure data beginning in FY 2009-2010. In an effort to ensure optimal data accuracy, DCFS and Probation continue to work together to continuously improve their information-sharing and data reconciliation methods.

- Difficulty reconciling Probation records and accessing Child Welfare Services/Case Management Systems (CWS/CMS) data, requiring a significant workforce effort for Probation.
- Lack of an automated system to track Probation Placement expenditures, requiring Probation to create separate spreadsheets to accurately identify and manually track data for each Placement case and all case activity to identify projected assistance payment costs and/or reductions as well as numerous trend data.

#### **New Initiatives and/or State Waiver Related Program Activities - DCFS**

Prevention Initiative Demonstration Project (PIDP) – As previously reported, on February 26, 2008, DCFS' \$5 million PIDP was approved by the Board of Supervisors through June 30, 2009. Eight contracts were approved to establish lead agencies in each of the Service Planning Areas (SPA). The PIDP was initially a 12-month project, but DCFS obtained an additional four months of time for the lead agencies and their DCFS regional partners to fully develop and implement their prevention strategies and initiatives. All lead agencies implemented their plans in July 2008. The evaluation of PIDP is conducted through a collaborative of Casey Family Programs, First 5 LA, and Dr. Jacquelyn McCroskey of the University of Southern California. The goals of the evaluation are threefold: identify best practices which can be replicated countywide; identify successful leveraging strategies between and within the Community Based Organizations, County agencies and private business; and provide DCFS with results to be used to restructure current contracting processes to become more client delivery focused. A mid-year evaluation of the Project was completed in January 2009, to look at initial promising best practices that were emerging from the first six months of implementation, and the final evaluation is expected to be available no later than August 2009. On June 9, 2009, the Board of Supervisors approved a second year of the PIDP, with a start date of July 1, 2009. Second year funding comes from two sources: \$1.24 million from the Los Angeles CEO's Services Integration Branch (SIB) and \$3.76 million from Waiver reinvestment funds.

Intensive Treatment Foster Care (ITFC)/Multi-dimensional Treatment Foster Care (MTFC) – DCFS continues to make efforts to expand the number of ITFC and MTFC beds available for appropriate youth. However, due to the behavioral and emotional problem of youth served by these programs, recruiting interested, appropriate foster parents continues to be challenging. Three agencies each have been contracted to provide ITFC and MTFC beds, and DCFS intends to conduct Procurement by Negotiation to expand both programs. As of June 25, 2009, 30 beds are available, and 18 youth are placed in these ITFC and MTFC homes. Between the two programs, 17 additional beds are in development in various stages of certification.

Residentially-Based Services (RBS) Reform - The RBS Collaborative has finished working with its RBS consultants, DMH, Community Care Licensing (CCL), and provider agencies on an implementation plan, which was submitted to CDSS in June 2009 and includes the Voluntary Agreement, Funding Model and Waiver Request. Three provider agencies (Five Acres, Hathaway-Sycamores and Hillsides) have been selected to implement the RBS Project, which will initially target any RCL 12-14 eligible DCFS youth already placed in the three providers' residential campuses. These agencies will complete their RBS unit conversion and identify potential unit conversion youth in August 2009. The Los Angeles County Evaluation Subcommittee and the CWS/CMS Workgroup continue to develop a baseline data methodology

to compare youth before and after RBS. The Child and Adolescent Needs and Strengths – Child Welfare (CANS-CW), Youth Services Survey and Youth Services Survey-Families were discussed and reviewed and will be used to collect data to measure RBS Project outcomes (permanency, child safety and child well-being) for evaluation and quality improvement. Division Chief Dr. Michael Rauso will begin discussions regarding implementation of the RBS Project with DCFS 18 office Regional Administrators in July 2009. In addition, RBS Project training curriculum will be finalized, and conjoint training will be provided to DCFS and the three provider agencies staff in July 2009.

#### **Additional County Effort that Supports the Outcomes of the CADP – DCFS and Probation**

Increased attention has been focused on court-involved youth in both the child welfare and juvenile justice systems. This population, commonly known as “crossover youth,” is the focus of a Child Welfare and Juvenile Justice Breakthrough Series Collaborative (BSC) sponsored by Georgetown University and Casey Family Programs. This BSC involves seven jurisdictions, including Los Angeles County, and utilizes a quality improvement methodology designed to enable participating teams to make dramatic improvements in a focused practice area (crossover youth) over a short period of time. The intention of a BSC is not to create an entire new body of knowledge, but to fill the gap between what has been identified as best practice and what is actually practiced in the field.

The Los Angeles team is headed by our Senior Leaders Team: Judge Michael Nash, Juvenile Court; Chief Robert Taylor, Probation Department; and Director Trish Ploehn, DCFS. Over the past nine months, the Senior Leaders, along with our Core Team comprised of a parent, youth and representatives from DCFS, Probation and DMH, have been engaged in learning the BSC methodology. The methodology is designed to help participating jurisdictions quickly test and fully implement best practices that are designed to drive system integration efforts which can be sustainable over time. The BSC method for attaining system improvement for crossover youth is achieved through learning sessions conducted by faculty members of the Center for Juvenile Justice Reform at Georgetown University. Learning is also achieved through participation in monthly “All Collaborative Conference” calls involving the seven jurisdictions, and the sharing of information through an Extranet website. These learning opportunities provide a platform for the jurisdictions to design and implement precise “small tests of change” that are tested, studied and retested for spread within the target area.

The BSC is grounded in a “Change Package.” The Change Package identifies six broad system components necessary for improving child welfare and juvenile justice agencies’ practices. The goal is to achieve system change through “small tests of change” driven by rapid Plan-Do-Study-Act (PDSA) cycles. PDSA cycles are the foundation of the rapid changes that are witnessed in a BSC. Instead of spending weeks, months, or years planning for massive system reform efforts, teams are encouraged to test ideas rapidly. The Los Angeles team has centered its effort and PDSAs around active engagement of family and youth in the planning, decision-making, and treatment/recovery process. Some of the small tests of change conducted around our PDSAs include: improved school/home connection through the Team Decision Making (TDM) process, transition of a dual status youth to camp through the multidisciplinary team (MDT) process, parent and youth satisfaction surveys, and a community forum on improving outcomes for crossover youth.

Our greatest reform efforts have resulted from the community forum PDSA small test of change. This forum generated other PDSAs, one of which has resulted in the establishment of a dedicated unit for crossover youth in detention located at Central Juvenile Hall. The crossover youth selected the unit name and participated in the unit's program design. Future small tests of change will address the pressing issue of disproportionate minority confinement (DMC). We are presently preparing PDSAs to address DMC that will involve a "cultural broker" in the MDT assessment in order to improve our decision-making outcomes. DCFS and Probation will also be mapping, identifying, and evaluating decision-making points to impact DMC.

**What Have We Learned** - Through the BSC learning sessions, ongoing information sharing by participating jurisdictions, and learning from the PDSAs, we have begun to develop a more effective practice model and continuum for the care and treatment for crossover youth. The following four lessons now inform our practice:

- Having youth involvement is essential for identifying areas of concern to drive system improvement efforts. Therefore, we must embrace the concept and practice of youth participation within our administrative and programmatic planning efforts.
- Having parents with previous experience in the child welfare and juvenile justice system to mentor and match with current parents of court-involved youth facilitates and enhances parental engagement and motivation to change.
- Having the opportunity to hear our youth's stories through their voices provides us with empathic insight into their past and a greater understanding of what is important to help change their futures.
- With evidence-based principles and practices as our foundation and with youth voices guiding our implementation, we now have a more rounded and focused system of treatment and care to drive improved outcomes for crossover youth.

The BSC started in July of 2008 and will conclude in September of 2009. Over the next four months we will concentrate our efforts on continued development of our Elite Family Crossover Unit and in replicating the best practices that have resulted from the studies of our PDSAs and learning sessions. We anticipate integrating the work of the core team with the AB 129 Pilot. By integrating our efforts, we will be better able to sustain the practice model that has emerged from our involvement with the BSC and leverage resources and expertise, thereby increasing the likelihood of achieving system improvement for crossover youth.

### **Direct Services Activities**

As detailed in earlier sections of this report, during the past six months **DCFS** has continued to provide direct services to children and families under its priority initiatives. FTDM has been expanded to provide PPCs to youth in group home care in an effort to expedite permanency for these youth; 922 PPCs have been conducted for identified group home youth during the Waiver period. YP Units have been staffed, and social workers in these units are carrying reduced caseloads in an effort to locate and connect high need youth with permanency resources. These units currently serve over 200 youth. Since 2008, 1,160 families with 4,230 children have been provided with up-front assessments of substance abuse, domestic violence and/or mental health issues in DCFS regional offices and the ERCP. The PSSF programs, with their full

allocation intact, have been allowed to provide the same level of services to their intended target populations as in the previous year. Actual fiscal year ending counts of numbers served for each program will not be available until the next reporting period.

As detailed in earlier sections of this report, during the past six months **Probation** has continued to provide direct services to children and families under its priority initiatives. Probation and DMH have conducted a total of 901 Cross-System Assessments; 209 were completed between January and June 2009. Probation and contracted vendors provided FFT services to 414 youth and families; of this number, 90 youth and families began receiving services during this reporting period. Fifty eight youth and families successfully completed the FFT program during this reporting period. The Probation FFPP DPOs provided FFPP case management services to 56 youth and families; of these, six have completed the FFPP supervision program requirements.

### **Evaluation Activities**

During May 2009, Charlie Ferguson, Ph.D., conducted the third in a series of focus groups and key participants interviews with all levels of DCFS staff. The purpose of the interviews was to determine whether changes in the funding structure for foster care will result in changes in the functioning of County child welfare systems that lead to improved outcomes for dependent and delinquent children and their families.

As stated in previous Waiver Progress Reports, DCFS, in conjunction with Casey Family Programs and Dr. McCroskey, are evaluating the Los Angeles Prevention Initiative Demonstration Project (PIDP) and Point of Engagement (POE). The evaluations of POE and PIDP are similar enough that many data collection tasks can be merged – especially since the prevention evaluation built on the original POE evaluation. On April 20, 2009, DCFS held its second PIDP-POE Learning Session with over 150 attendees from a diverse group of public and private sector agencies and communities. Representatives from the different Service Planning Areas (SPA) convened during afternoon breakout learning sessions to discuss, compare and contrast their experiences in implementing new strategies to prevent child abuse and neglect in the different regions of Los Angeles County. The final PIDP Evaluation Report is scheduled to be completed by August 2009.

As a result of Probation's inability to access CWS/CMS data and because juvenile justice systems have not historically warehoused needed project evaluation data, technological system enhancements are necessary and will promote the ability to draw down baseline and outcome data. Probation has incorporated many of the Waiver data needs into a "new" department automated system that was implemented in March 2009. However, due to the complexities of the new system, several issues were identified that must be addressed in order for the system to deliver data in an accurate and appropriate manner. IT and the Placement Services Bureau are working together and addressing the issues that have been identified. It is anticipated that the new system will be able to capture the number of active placement youth, number of closed placement cases, average length of stay in out-of-home care, number of placement episodes, number and type of outreach services provided for each case, and assistance payment costs for all Probation Placement youth once all IT issues are resolved. Additionally, Probation has continued to work with DCFS and the State Evaluator in identifying data that are currently available and needed data enhancements. Probation has been working with the State

Evaluator in conducting both internal focus groups and surveys to identify baseline data for the evaluation.

**Expenditure Narrative Based on Claiming Submissions**

DCFS expanded the following initiatives/strategies utilizing available flexible funds under the Waiver: Family Team Decision Making, Up-front Assessments, and Family Finding and Engagement. For the period of January 2009 to June 2009, the total amount of expenditures incurred for these initiatives/strategies is \$2,022,829. This amount includes salaries and employee benefits in the amount of \$1,560,303, Indirect Costs in the amount of \$390,076, and Contract Services of Upfront Assessment/Family Preservation Expansion in the amount of \$72,450. These expenditures will be reflected in our third and fourth quarter's claims for Fiscal Year 2008-09.

Draft



# **Los Angeles County Department of Probation**

**Practice Principles,  
Practice Model Guide  
and  
Implementation Through the Breakthrough Series  
Collaborative Model For System Improvement**

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## Background

“The lives of young people matter. They matter to their families, to their neighbors, and their communities. But for those youth whose lives have taken a wrong turn, who’ve made poor choices...the kids we’ve labeled “bad” who we have written off, or for whom we have lost interest, it is these youth whose lives need to matter more. Whether we make the moral, social or economic case, the truth is that we as adults have failed these young people and, if we don’t get better at what we do, we all stand to lose...be it lost human potential, loss of family, or increase social costs.”<sup>1</sup>

For the past decade the LA County Department of Probation has been working to improve practice seeking to move away from focusing only on detention and rehabilitation of probation youth toward a more holistic approach to working in the context of their families, schools and communities.

Toward this end, early in 2007, the Los Angeles County Board of Supervisors approved the submission of a Title IV-E Youth Welfare Capped Allocation Demonstration Project (CADP) to support flexible funding strategies and improve outcomes for youth and families. The Department of Youth and Family Services and the Probation Department jointly submitted the CADP, which provides flexibility in their use of Title IV-E funds to test the effect of innovative strategies to accelerate efforts to improve outcomes for youth and families in Los Angeles County.

These efforts will build upon system improvements already underway among the Departments and their community partners and the outcomes we will achieve through these efforts include:

-  **Reduce the number of youth in congregate care.**
-  **Reduce maltreatment of youth in the delinquency system.**
-  **Improve the number of children achieving permanency.**

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<sup>1</sup> Current Conditions and Possible Directions for Change. (April 2006). Los Angeles County Youth Planning Council.

## Why Develop a Practice Model?

*A Practice Model is the depiction of what we know about emerging and evidence based practices in the field of juvenile justice.*

Juvenile Probation systems across the country are looking for more direction on how to work with youth and their families and community partners to achieve the best outcomes possible.

**Practice Models are a growing strategy being used by a variety of disciplines to guide the day to day work that occurs in the field.**

### **Practice Models:**

- ☞ Describe the practice case opening to case closure;
- ☞ Are informed by a way of approaching the work (Practice Principles);
- ☞ Includes sequences;
- ☞ Includes techniques; and
- ☞ Reflect evidence based, promising, and best practices in the field.

The LA County Department of Probation Practice Principles and Practice Model are described on the following pages.

The Framework for Practice and accompanying Practice Model challenge every member of the LA County Department of probation to practice to varying degrees, differently than they may have in the past.

**If we want to be accountable professionals, then we should develop our practice in a systematic way.**

We believe that the incorporation of these practices

into our daily work and the adoption of this practice model will over time, safely reduce the number of youth entering placement as well as the recidivism rates of those same youth. It will require strong teamwork between the various units of the agency, and a willingness to look at biases, and personal values that may get in the way of effectively serving families.

## **About the Evidence Based Practices Included in Our Practice Model**

It is important to note that over the course of the past decade juvenile probation services (nationally) has seen a growth in the evidence based services available to meet the needs of children and families involved in the juvenile justice system.

In recent years, use of the term EBP and its synonyms (i.e., proven practice, best practice, effective practice, evidence-based medicine, etc.) has proliferated. From 1900 through 1995,

the term EBP appeared in only 76 Medline citations. From 1995 through 2002, by contrast, 5,425 citations included these words. Most of the literature on EBP pertains to the fields of medicine, mental health, and education; these disciplines were the first to embrace the movement.

Although child welfare and Juvenile Justice have been slow to adopt EBP, several developments, such as state and federal funding initiatives supporting the replication of evidence based child welfare and juvenile justice programs, a special issue of Child Welfare devoted to the topic, and the creation of databases cataloging evidence-based child welfare and juvenile justice practices, indicate that the time for evidence-based child welfare programs and policies is near.

Although many disciplines, including juvenile justice, now use the term EBP, confusion still exists about what it really means. Put most simply, an EBP is an intervention, program, or tool with empirical research to support its efficacy and effectiveness. Efficacy refers to how well an intervention works to bring about change in a targeted area when tested under carefully controlled conditions. These conditions usually include screening and selection of clients who receive the intervention, highly trained interventionists, and intensive supervision. How well an intervention works in a real-world setting defines the essence of its effectiveness. Research typically focuses on establishing the efficacy of an intervention before testing its effectiveness.

EBPs differ in the quality and quantity of available research to support their efficacy and effectiveness. When thinking about EBP implementation in TFC, it is important to understand that EBP is a process that involves the selection of the most appropriate and effective interventions when providing services. EBP is “clinical practice that is informed by evidence about interventions, clinical expertise, and patients’ needs, values, and preferences and their integration in decision making about individual care”. Service providers adopting EBP do not simply implement an intervention because it has been deemed evidence-based; rather, they carefully integrate their clinical expertise with available research evidence to make decisions about the best interventions for an individual client.

Clinical expertise and judgment are critical components of effective EBP implementation. Service providers using EBPs must constantly use their judgment and draw on their expertise to determine if a practice, as described in this manual, is appropriate for a given client. Additionally, service providers may need to adapt an EBP to meet the unique needs of a client. Thus, the importance of clinical judgment and the potential need for adaptation must never be overlooked when implementing EBP.

The evidence based practices to be implemented over time within the Department of Probation Practice Model include Functional Family Therapy, Multi-system Therapy, Wraparound Services, Family Integrated Transition, Family Preservation Services, and Aggression Replacement Training.

Many of these practices are embedded in the Los Angeles County Practice Model **including the following key evidence based practice components:**

- Family Engagement Throughout the Life of a Case
- Assessment of Need and Informed Referrals with Clear Criteria for FFT, MST, Wrap, Family Preservation and Community Outreach
- Multi-Disciplinary Assessment
- Implementation of Family Foster Care and Treatment Foster Care
- Youth Permanency and After Care Planning
- Case Transfer Meetings
- Functional Family Probation and Parole

In an effort to assist the field in the decision making process and to improve the consistency in service utilization across the county, we are in the early stages of designing a process where referrals to services are approved, based on whether or not the youth and family meet the specified focus for each service. Additionally we are developing a mechanism to review the use of each of these services at designated intervals, rather than automatically approving additional months of service with little to no rationale.

These criteria should ensure that we more effectively target the use of each to achieve improved outcomes for youth and their families based on the findings from the Risk Assessment and goals of the case plan.

## Framework for Practice (Practice Principles)<sup>2</sup>

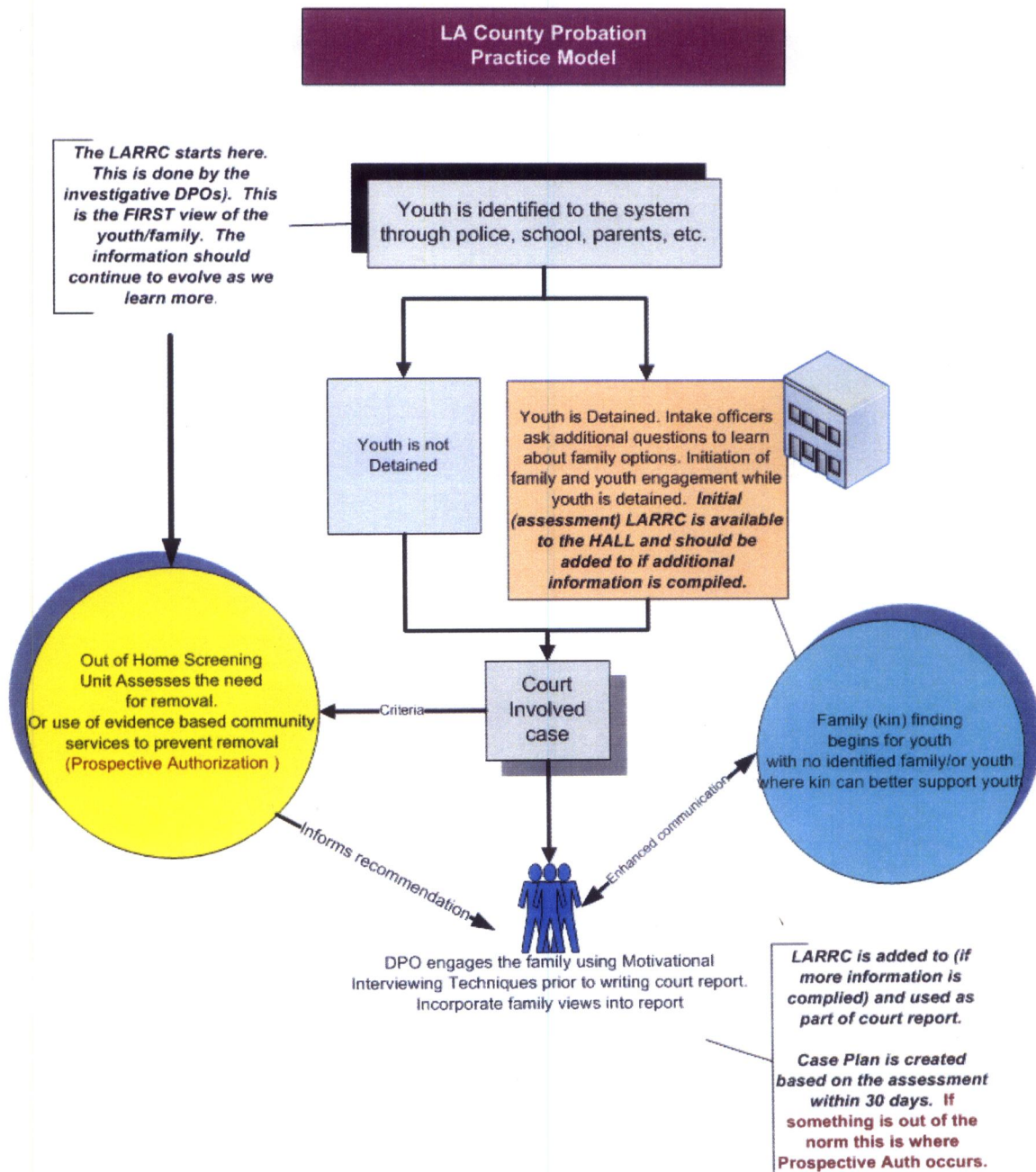
1. The most desirable place for youth to grow up a in a safe, nurturing, and caring family. As such the end goal of devising improved interventions is to prevent institutionalization of youth and to the extent possible while ensuring public safety, keep them with their families and in their communities.
  - We provide prevention and intensive early intervention services so that we do not have to remove youth from their homes.
  - We search for kin to support youth when they cannot live in their own homes.
  - We facilitate a permanent connection for youth.
2. The purpose of the Probation System is to understand and meet the unique needs of youth and their families; seeking to increase protective factors and decrease risk factors.
  - Youth need to be treated differently from adults in systems of care, and appropriate treatment strategies should be defined within a youth's development framework.
  - Youth and families have strengths and we need to learn about these strengths in order to effectively meet their needs.
  - We conduct a comprehensive assessment, seeking to learn as much as possible about the youth and their family in order to ensure that the services provided meet specific, individualized needs.
  - The "victim/predator" dichotomy is not a helpful construct in serving youth –we recognize that youth have needs regardless of the system they are in and our job is to learn what they need and minimize the labeling.
  - Every youth has potential and is served individually based on their history and experiences
3. The intentional and meaningful involvement of families and youth in service planning and delivery is foundational to system success.
4. Services and treatment interventions should be strength-based and individualized, building on the capacities, skills, knowledge and assets of the youth, family and community.
  - Services are directly informed by the assessment process.

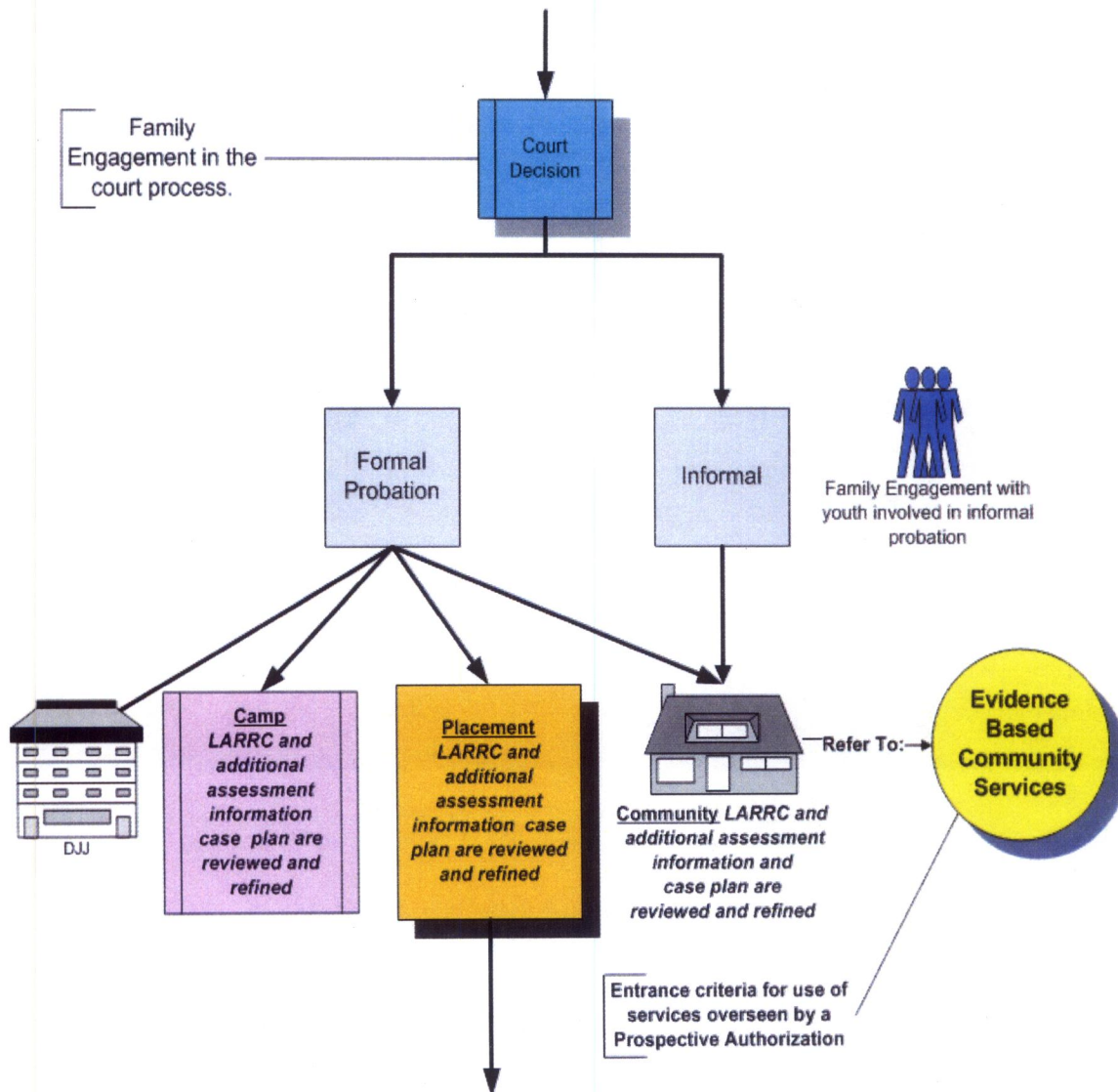
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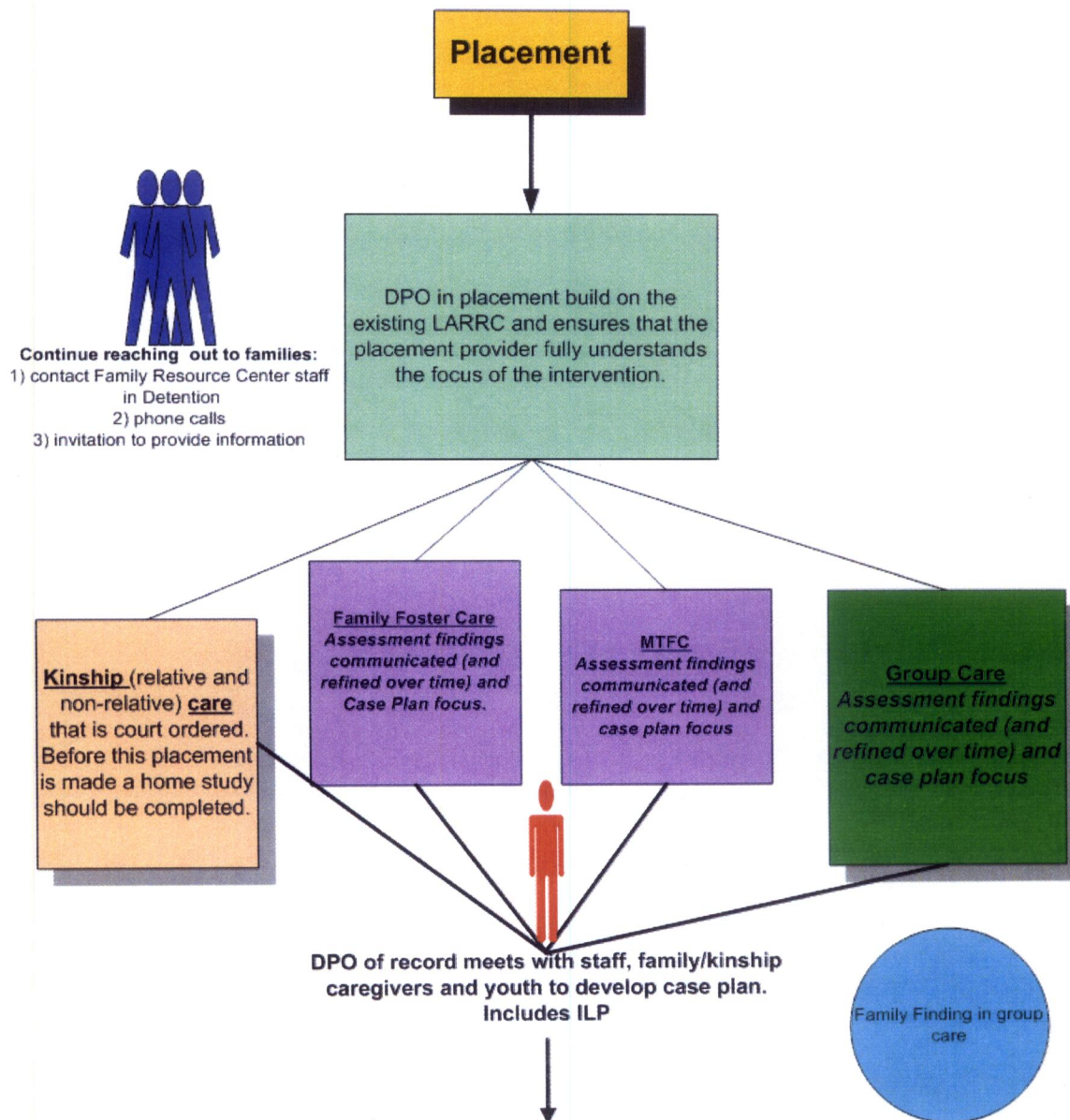
<sup>2</sup> These practice principles were informed by the Georgetown Center for Juvenile Justice Reform Breakthrough Series Collaborative on Child Welfare and Juvenile Justice Integration.

5. The youth's behavioral issues must be assessed and treated in the broader context of family, school, peer, and neighborhood.
6. Delivery of services to youth and their families honors and respects the beliefs, values, and family practices of different cultural, sexual orientation, racial, religious, and ethnic groups.
  - We actively seek to eliminate disproportionality and disparities as it relates to the need for access to utilization of and/or quality of services received by youth of color.
7. We recognize and address the impact of poverty and economic status on family functioning and youth development.
8. It is our preference to use services and treatment interventions that are research based and evidence informed.
  - This approach informs the way we plan, organize and construct services.

# Practice Model Flow Chart









Family Meeting Here When  
Planning  
For Youth Release

Transition Process that includes the field DPO. *The DPO must have the assessment findings (LARCC) in hand. (One that was started at the origin of serving the youth/family and continued throughout the life of serving the youth/family). This is added to as transition planning occurs.*

The continuation of the LARRC assessment process is used to determine most effective After Care Services and referral to one a combination of the following

Transfer to Functional  
Family Probation Officer

Transition Meetings to  
Regular Supervision with  
community based services  
that ensures the next DPO  
fully understands the need  
of the youth and family.  
*Again the LARRC is  
completed and case plan  
refined.*

MST/FFT, Wrap Family  
Preservation and  
Community Outreach

# Implementation Process for Increased Family Engagement

## *History of the Breakthrough Series Model for Change*

The Los Angeles County Department of Probation has decided to implement the family engagement aspect of the Practice Model using the Breakthrough Series Collaborative Model for Change.

The BSC methodology was developed in 1995 by the Institute for Healthcare Improvement (IHI) and Associates in Process Improvement (API). This quality improvement method has been used extensively in the field of health care for more than a decade. The IHI has led BSCs in over 25 different topic areas, including reducing delays and waiting times in emergency rooms; reducing Caesarean section rates; improving end of life care; and improving critical care.

In December 2000, Casey Family Programs (Casey), a national operating foundation based in Seattle, Washington, joined with the IHI to learn the BSC methodology so that it could be transferred to the child welfare field. Since 2000 Casey Family Programs has conducted BSCs in a variety of topic areas including Recruitment and Retention of Resource Families, Supporting Kinship Caregivers, Implementing Differential Response, Reducing Disproportionality and Disparate Outcomes for Children and Families of Color, Increasing Educational Stability for Children in Foster Care.

In 2008 Casey Family Programs partnered with the Georgetown Center for Juvenile Justice Reform launching a Breakthrough Series Collaborative on the Integration of Juvenile Justice and Child Welfare Practice. Los Angeles County Department of Probation is one of the seven teams selected to participate in this BSC.

The leadership from the Department of Probation has embraced the methodology and decided to use it in the implementation of this Practice Model.

## *What is the Breakthrough Series Model for Change?*

The Breakthrough Series Model for Change was developed for the following reasons:

- Large system long range planning seldom results in practice change that is sustained over time due to leadership changes and no real line staff and family buy in.
- It provides the ability for systems to learn in “real time” what works and what does not work in serving youth and families—before they implement HUGE shifts.
- It provides the ability to learn from the people who do the work everyday.
- It keeps the actions small, simple and “doable”.

Several critical characteristics of the BSC Model for Change methodology help agencies quickly test and then fully implement these new practices in ways that are tailored to the individual agency and therefore sustainable over time.

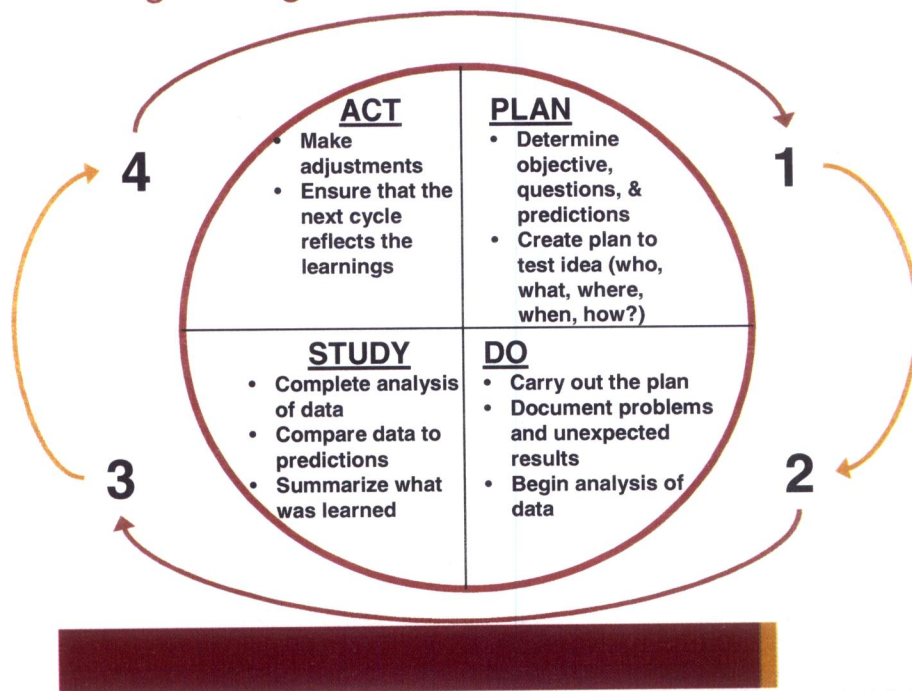
- 1) *Rapid Plan-Do-Study-Act (PDSA) cycles are used*—PDSA cycles are one of the keys to the rapid changes that are witnessed in a BSC. Instead of spending weeks, months, or years planning for massive changes, teams are encouraged to test an idea as soon as it occurs. Teams are encouraged never to plan more than they can actually do—and if they can't complete their test rapidly, they need to make their test even smaller. The spirit of conducting rapid small-scale changes is captured in the phrase “What can you do by next Tuesday?” (See the visual below)
- 2) *Anyone can have and test ideas*—Ideas for practice and system improvement do not come only from management. Juvenile Probation Officers, Supervisors, Administrators all are encouraged to test their ideas and share their learnings with others within the context of a standard framework (The Practice Standards). This allows all participants to draw upon their own expertise to help improve the system. With checks and balances built in through supervisory consultation, this approach encourages the innovative probation officer to try out ideas that they believe will improve outcomes for youth and families.
- 3) *Consensus is not needed*—Instead of spending time trying to convince one another of a “better way” of practice, the BSC Model for Change Methodology encourages participants to *test* their ideas in the field rather than simply *talking* about their ideas in a meeting room. Participants do not need to agree with one another for an idea to be tested; the convincing comes naturally once people start to see the results of the tests. The ensuing conversations are about real results and feedback rather than assumptions or hypothetical situations.
- 4) *Changes happen at all levels (not just at the top)*—All people have some level of influence, whether they are the Administrator level, or a Probation Officer. It is important that every person involved is willing to test and make changes at his or her own level. This helps everyone break free of the “if only they [usually management] would do x, everything would be better” mentality.
- 5) *All BSC work is grounded in a standard comprehensive framework*—Each BSC is based upon a comprehensive framework that guides the work of the teams. The framework for the Department of Probation Practice Model identifies seven components of an ideal system for serving youth and their families involved in the juvenile justice system.
- 6) *Ideas are “shared relentlessly”*—This methodology is based on effective sharing between peers. It is an expectation that when small tests of change are successful,

probation officers and supervisors will talk about these successes to one another—and practices will spread through word of mouth.

- 7) *Successes are spread quickly*—Many pilot projects begin and then remain in a pilot site indefinitely, or, in other instances, once a “project” is completed, the pilot disappears. The learnings from the pilot may not be effectively communicated to the rest of the system, the learnings may not seem applicable to other sites, or resources may not be committed to spreading the new practice model—and opportunity for system improvement is lost. The BSC Change Model methodology prevents this from happening. Once a change has been tested successfully, leadership considers the spreading of this practice across the agency. As successful changes continue to be spread in real time through natural peer-to-peer relationships, the culture of “sharing relentlessly” also spreads throughout the jurisdiction, creating “a micro-culture of innovation.”

The visual below depicts the Plan-Do-Study-Act cycle.

### Testing Changes: What Is a PDSA?



Adapted from © 2001 Institute for Healthcare Improvement

## Phasing In Aspects of the Practice Model

The leadership of the Department of Probation made a decision to embrace a “doable” pace --phasing in system changes in three Phases:

Implementation Phase	Component of the Practice Model
Phase I	<p>Family Engagement Along the Life of a Case:</p> <ul style="list-style-type: none"> <li>Ⓢ When the youth is in Detention</li> <li>Ⓢ Prior to completion of the court report</li> <li>Ⓢ During the Cross System Assessment</li> <li>Ⓢ During treatment planning while a youth is in care</li> <li>Ⓢ Prior to the release of a youth from care</li> <li>Ⓢ During any transfer meeting</li> </ul>
Phase II (a):	Assessment of Need and Informed Referrals with Clear Criteria –the LARRC will serve as the foundation for this assessment. It will be augmented with additional assessments in the areas of mental health, substance abuse and education.
Phase II (b):	Implementation of Family Foster Care and Multi Dimensional Treatment Foster Care
Phase II (c):	Intensive Services and Treatment in Group Care
Phase II (d):	Youth Development Initiatives/After Care Services and Use of Transitional Services for Youth Aging Out of Care
Phase II (e):	Case Transfer Meetings
Phase II: (f):	Functional Family Probation and Parole

## **Phase I: Family Engagement Along the Life of a Case**

In order to learn accurate information it is imperative that families are engaged as early as possible in the process and throughout the service delivery process.

Family engagement necessitates re-evaluating and re-thinking the way we fundamentally intervene with families. It involves having an unwavering conviction that families can change. If an individual does not believe this, then they have minimal ability to impart this needed hope and conviction to the families they serve.

The process of finding new ways of thinking about the relationship between family members and professionals grows from the realization that the way we have traditionally practiced did not serve us well. Although we have come a long way from the days of “blame and shame” we are still not to the point where we are seeing the family as real partners in the process of change. We must demonstrate that it values families by radically altering the premise on which social services are based, moving from “replacing families” to supporting and strengthening them. We must look beyond exemplary or pilot programs scattered here and there, to a place where family centered values infuse all aspects of the system.

When we take the time to really listen to families and what they tell us about their treatment by the “system”, we continue to hear deeply felt feelings of frustration, anger and pain. If we are to realize the potential inherent in relationships between family members and professionals, it is important to recognize that neither can accomplish their goal without the other. All players are a necessary part of the whole, with each bringing their own special set experiences, skills and knowledge to the process.

Those who work in juvenile justice encounter families of diverse cultural and ethnic background. Because ethnicity is such an integral part of people’s makeup and inextricably linked to who they are and how they live, DPOs cannot afford to overlook or profess ignorance of their client’s cultures. The first step in developing cultural awareness is to scrutinize our own feelings and beliefs about ethnic groups other than our own. Everyone who grows up in society has racial and ethnic stereotypes. They may be conscious or unconscious, subtle or obvious. What is important is recognizing and acknowledging these stereotypes and biases. Lack of understanding of how these biases are impacting their social work practice can create barriers to service delivery and each barrier could represent a lost opportunity to help.

## Rapid Family and Youth Engagement When a Youth is in Detention

We begin the process of family engagement when youth are in detention. This occurs through the following:

- *We Seek To Understand The Family And Youth Perspective Of What Has Happened To Them.*
- *We Practice Full Disclosure and Transparency of Decision Making*
  - *We explain to the family the steps of the process and expectations.*
  - *We explain the rationale for any decisions we make.*
- *We Honor The Family's Culture*
  - *Entering another family's culture is a process that requires being a student of how culture impacts decision making, parenting and family functioning.*
  - *We do not assume that we understand the family without first learning about their history, family rituals and experiences.*
  - *We do not view the family through our own cultural lens.*
- *We Attend to our Language*
  - *We ask assessment questions in a way that engages the family and youth.*
  - *We make certain that we do not use terms or jargon that are unfamiliar.*
  -
- *We seek to avoid, to the extent possible, actions that minimize/undermine parents' expertise of their own family system. People are more disclosing, open, and cooperative if they don't feel threatened and judged.*

*"Words are a form of action, capable of influencing change."*



### Small Tests of Change To More Fully Engage Families Along the Pathway –Case Opening to Case Closure

#### Early and Rapid Family and Youth Engagement in Detention

##### Possible Senior Leader Activity

Talk with Detention Bureau Chief about establishing Detention and Placement Bureau Rapid Family and Youth Engagement Committee, inclusive of youth and parents.

##### DETENTION

Identify one unit of the detention centers willing to ask different questions to youth in detention or to engage families when they visit.

## Early and Rapid Family and Youth Engagement in Detention

Small Test of Change:

Plan: Identify staff members willing to engage youth and families when youth are in detention.

Do: Meet with a youth who entered detention within 24 hours of being detained.

Study: When the youth and family are engaged early do they

Adjust:

Small Test of Change:

Test the kind of family/youth information will be gathered

Small Test of Change:

Test the best type of form or document for collecting family information/data.

### Family Engagement Through Family Meetings At Various Points Along The Pathway

Family Team Meetings are planning and decision-making processes that includes parents, caregivers, youth, social workers and other service providers. They may also include extended family, friends, members of community groups, and other community partners.

#### The Foundational beliefs around holding family team meetings include:

- ♦ A group can often be more effective in making good decisions than an individual
- ♦ Families are the experts on themselves—we need to engage them as experts.
- ♦ When families are included in decision making, they are capable of identifying their own needs and strengths and are much more committed to the successful completion of the plan.
- ♦ Members of the family's own community add value to the process by serving as natural allies to the family and as experts on the community's resources

**While a Family Team Meeting can be held at anytime throughout the case process, DPOs should attempt to hold them at the following times:<sup>3</sup>**

- ⓐ Prior to completion of the court report
- ⓐ During the process of completion Comprehensive Assessment and Case Plan
- ⓐ When treatment planning while a youth is in care
- ⓐ Prior to the release of a youth from care
- ⓐ During any transfer meeting

### Honoring Culture, Race and Ethnicity

<sup>3</sup> These specific planning/decision making points are highlighted in the Practice Model Flow Chart.

One of the benefits of Family Meetings is the ability they provide to learn about the cultural, racial and ethnic background of the family and how their background impacts parenting decisions.

Culture includes race, religion, ethnicity, family values, lifestyle, family composition, customs, values and beliefs. The family itself is the most important source of information about its unique characteristics, historical roots, and cultural values.<sup>4</sup> Culturally competent workers can help families to have a positive experience in planning and participating in parenting and other family access time by:

- Respecting the client's perspective.
- Listening well enough to learn about people who are different from themselves.
- Avoiding judgment from bias, stereotypes, or cultural myths.
- Asking the family to explain the significance culture has for them, especially regarding family traditions, youth rearing and discipline practices, spiritual beliefs and traditions.

***The cornerstones to effective Family Meetings are as follows:***

- ***Everyone desires respect***
- ***Everyone needs to be heard***
- ***Everyone has strengths***
- ***Judgments can wait***
- ***Partners share power***
- ***Partnership is a process***

***The Intent of the Family Team Meeting Is To:***

- Engage the family and secure an investment in working together.
- Establish and continue to build the relationship between the DPO and the family
- Ensure a common definition of success
- Explore appropriate services that would be effective in helping the youth and family.
- Learn about family existing strengths and resources.
- Identifying a member of the team that will stay connected to the family—and help the team assess progress toward to an agreed upon definition of success.
- Being very specific about the process—and the timeframes—create a visual aide to show the flow of the case through the system. FULL DISCLOSURE!

Some of the considerations in planning Family Team Meetings are highlighted below.

***Is there a clear, open-ended purpose?*** The purpose should be written simply, without jargon. It should also be open-ended with many possibilities for planning, decision making, and action.

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<sup>4</sup> Berg, I.K. & Kelly, S. (2000). Building Solutions in Youth Protective Services. New York: Norton.

***Do the invited participants, especially family members, agree to the purpose?*** Family Team Meetings are voluntary processes; people can choose to attend. It is critical that the purpose be crafted in such a way that participants can both get their interests met and feel comfortable with the process. In other words, a successful FTM will be one where the participants want to be there and see it as relevant to them and their lives.

**“People tend to support and be successful in directions that they themselves create.”**

***Is the DPO open and willing to consider the family’s ideas at this time?*** Sometimes the facts of the case determine decisions and actions that need to be taken. If a decision is already made, it is imperative that the meeting not be held for the purpose of making/justifying that particular decision or simply getting the family to agree with it. Likewise, if there is only one outcome that is potentially acceptable to the agency representative, then it is likely not a good time for a Family Team Meeting. Remember that family-centered practice is all about choice and empowerment. Without choice and the power to make plans and decisions, participants will feel that the meeting is a waste of time—making it a frustrating experience. Family Team Meeting should always be centered on issues where families can participate in the decisions that affect them.

***Can the right people be there?*** By definition, a Family Team Meeting is a group process. It requires that the circle of influence and decision involve those most important in the life of the youth. This could include numerous family members like parents, siblings, grandparents.

***DPOs need to set the ground rules to ensure a productive meeting:***

- Engage the family in setting their own rule
- No disrespectful language, behavior or negative tones—team members have the right to call one another if they observe these behaviors.
- No talking over another person.
- No cell phones or pagers during the meetings
- Unless it is an emergency—no one leaves the meeting until the meeting is done

***A Good Facilitator:***

- Protects ideas and individuals from attack or being ignored through the provision of a safe, supportive environment to permit communication
- Models supportive, non-threatening, respectful behavior.
- Understands the difference between effective sharing of self—and telling people what to do.
- Finds ways to use humor to diffuse conflict—although we don’t want to be afraid of conflict
- Balances the fine line between being a part of the team—and facilitating the process.

- Periodically summarizes, clarifies, reframes and identifies areas of agreement to assist the group.
- Ensures that the family's voice is heard and validates the feelings of all family members. Seeks to find the balance between task and process.
- Invites diverse perspectives without taking sides.
- Is sensitive and responsive to nonverbal cues. Manages conflict and emotions.
- Moves the group through the problem-solving/decision-making process, maintaining reasonable time frames.
- Accurately records information and decisions. Provides a copy of the safety/action steps at the completion of the staffing to all participants.

### ***Ten Tips For DPOs For Effective Family Meetings<sup>5</sup>***

1. Be on time.
2. Assist parent(s) with transportation if needed.
3. Explain the purpose of the meeting in advance to non-agency attendees.
4. Ensure that every person in the room feels that their perspective is validated.
5. Be sensitive and respectful of the serious nature of the staffing. Parents and others are watching, not just during the meeting but before the meeting begins and after it ends.
6. Schedule adequate time. While it is important to adhere to timeframes for the meeting, remember we are dealing with critical and emotional decisions in the lives of families and whatever time is needed to make a quality decision should be expended.
7. Come organized to present a summary of the situation and prepared with ideas and a recommendation, while receptive to the opinions and ideas of the other participants.
8. Be honest and fair in what you say. Discussion should be strengths-based, direct and straightforward.
9. Assist in keeping the group focused and productive. Invite others to share their perspectives, information and opinions

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<sup>5</sup> This is borrowed in part from Annie E. Casey Family to Family Team Decision Making Model

## **Phase II(a): Motivational Interviewing, Assessment of Need and Case Planning**

### **Motivational Interviewing**

*Motivational interviewing is a directive, client-centered approach for eliciting behavior change by helping youth and their families explore and resolve ambivalence.* It is a more focused and goal-directed approach to working with youth and families. It is an evidence based practice that has been shown to effectively change youth and family behaviors.

Motivational interviewing recognizes and accepts the fact that clients who need to make changes in their lives approach counseling at different levels of readiness to change their behavior.

Motivational interviewing is non-judgmental, non-confrontational and non-adversarial. The approach attempts to increase the youth and family's awareness of the potential problems caused, consequences experienced, and risks faced as a result of the behavior in question. Alternately, DPOs help clients envisage a better future, and become increasingly motivated to achieve it. Either way, the strategy seeks to help clients think differently about their behavior and ultimately to consider what might be gained through change.

Motivational interviewing is based upon five general principles:

1. Express empathy, guides therapists to share with clients their understanding of the clients' perspective.
2. Develop discrepancy, guides therapists to help clients appreciate the value of change by exploring the discrepancy between how clients want their lives to be vs. how they currently are (or between their deeply-held values and their day-to-day behavior).
3. Roll with resistance, guides therapists to accept client reluctance to change as natural rather than pathological.
4. Support self-efficacy, guides therapists to explicitly embrace client autonomy (even when clients choose to not change) and help clients move toward change successfully and with confidence.
5. Avoid argumentation (and direct confrontation). Arguments create resistance.

The main goals of motivational interviewing are to establish rapport, elicit change talk, and establish commitment language from the client. Motivational Interviewing is a critical component of the LARRC assessment process.

### **Use of the LARRC Case Opening to Case Closure**

A comprehensive family and youth assessment is a process of identifying family dynamics and interactions, youth risk, academic status and youth well being. It requires engaging the family and youth in an extended discussion. A good assessment goes beyond simply determining level of risk to exploring connections, strengths and protective factors of the youth and family system. A family- centered assessment is the foundation of effective case planning-- by contributing to key decisions regarding steps to be taken, services/resources to be used and outcomes achieved.

Without a comprehensive assessment, the case planning process is uninformed and is less effective in changing behaviors that resulted in youth involvement in the juvenile justice system.

In her book *Strengthening High-Risk Families*, Lisa Kaplan suggested that the most critical part of the assessment is the **establishment of the relationship**. She goes on to emphasize that those who work with youth and families must show genuine respect for families as full partners in the process and join families where they are; not where the worker wants them to be. The more involved the family in verbalizing and prioritizing their needs, the greater the likelihood that they will be committed to change.<sup>6</sup>

The LARRC involves assessing 60 areas that of a youth and family life. In the spring of 2009 the process of tabulating the results of the LARRC was retooled and risk/strength scores are reflected in the following areas:

**Risk to Community/Risk of Recidivism** (made up of scores from the following domain areas):

- Delinquent Behavior
- Delinquent Affiliation
- Delinquent Orientation
- Substance Abuse

**Criminogenic Factors**

- Family Interactions
- Interpersonal skills
- Social Isolation
- Academic Engagement
- Self Regulation

Completing the LARRC is a “process,” not simply the completion of a “tool.” This does not mean that tools are superfluous; they are helpful in documenting needs or in stimulating the conversation about assessment issues. It does mean, however, that the engagement of family members in a discussion that is individualized to their situation is vital.

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<sup>6</sup> Kaplan, Lisa and Girard, Judith *Strengthening High Risk Families* 1994 Lexington Books

Assessment in the above domain areas is critical to fully assessing the needs of youth and their families and to crafting effective case plans. The only missing domain area that needs assessment is mental health. The LARRC will be augmented through the use of an ancillary assessment tool to capture mental health status. (*See Multi-Disciplinary Assessment in this chapter*)

The LARRC Assessment is completed, reviewed and refined along the pathway of serving youth and families, specifically at the following decision points:

- ➔ During the Initial Investigation
- ➔ Review of the LARRC—with some additions during the time in the Hall
- ➔ Review of the LARRC—with some possible additions prior to writing the court report
- ➔ Review/refinement of the LARRC-when placing a youth in out of home care
- ➔ Review/refinement of the LARRC prior to transition from out of home care
- ➔ Review/refinement of the LARRC during the After Care process

It is important to understand that the way we ask questions and compile information during an assessment generates an experience for the family and powerfully impacts how subsequent work unfolds. In order to fully engage families in the assessment process, the DPOs are encouraged to consider the use of strength focused questions. (*A list of possible questions to engage youth and caregivers is included in the attachment.*)

### **Multi-Disciplinary Assessment**

A multi-disciplinary assessment of appropriate placement includes information from as many available sources as possible. A multi-disciplinary assessment is multifaceted and consists of direct observation, a face-to-face interview, and interviews with parents/other adults, and family history. It includes consideration of mental health needs, substance use, educational needs and family functioning.

*It is critical to remember  
than an assessment  
generates experience....*

As many as 65% of juvenile justice youth have mental disorders, and as many as 40% of those youth have never received treatment prior to court involvement. Youth within the juvenile justice system are at high risk for psychiatric conditions, and these conditions may have contributed to the risk of offending, or may interfere with rehabilitation.

When judges have accurate mental health, substance use, educational and family information, dispositions can include appropriate treatment, hopefully improving rehabilitation and reducing recidivism.

### **Case Planning**

Collecting and organizing comprehensive assessment information is not an end in itself; it must be used in focused ways in the service plan. Effective case planning is a natural byproduct of a comprehensive assessment. When families have been active parts of an assessment process it is much easier to put that information to use in creating a service plan that really addresses what the family and youth need in order to be able to live together –so that community safety or youth safety is not jeopardized. The least effective strategy in service planning is for the DPO to develop a plan in the office and bring this plan to the families. This process communicates to the family that the DPO “knows best” about what they need and minimizes the youth and family’s control over their own destiny.

Families should help guide the process of determining what interventions could best address their situation, within the context of a shared commitment to making necessary changes. This process should be transparent – the DPO should share the tools and information being used to build the service plan. The DPO is in an excellent position to coordinate and involve other service providers, specialized resources, and the family’s resources toward changing youth behaviors and family dynamics.

This process of going from information to judgments is critical. There is no ready “prescription” for how these judgments are made; we must train staff to make these essential judgments.

## **Description of the Evidence Based and Best Practices Used in Los Angeles County**

A strong assessment leads to a strong case plan using services that have optimal chance of changing behaviors that have caused the child and family to be involved with the system. Below please find descriptions of each of the evidence based services available to children, youth and families in Los Angeles County.

### **Multi-Systemic Therapy**

Multi-systemic Therapy (MST) was developed in the late 1970s to address several limitations of existing mental health services for serious juvenile offenders.

Treatment efforts, in general, have failed to address the complexity of youth needs, being individually-oriented, narrowly focused, and delivered in settings that bear little relation to the problems being addressed (e.g., residential treatment centers, outpatient clinics). Given overwhelming empirical evidence that serious antisocial behavior is determined by the interplay of individual, family, peer, school, and neighborhood factors, it is not surprising that treatments of serious antisocial behavior have been largely ineffective. Restrictive out-of-home placements, such as residential treatment, psychiatric hospitalization, and incarceration, fail to address the known determinants of serious antisocial behavior and fail to alter the natural ecology to which the youth will eventually return. MST is one treatment model that has a well-documented capacity to address the aforementioned difficulties in providing effective services for juvenile offenders.

### ***Brief Description of Intervention***

MST is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth's social network that are contributing to his or her antisocial behavior. Thus, MST interventions typically aim to improve caregiver discipline practices, enhance family affective relations, decrease youth association with deviant peers, increase youth association with prosocial peers, improve youth school or vocational performance, engage youth in prosocial recreational outlets, and develop an indigenous support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes. Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including cognitive behavioral, behavioral, and the pragmatic family therapies.

MST services are delivered in the natural environment (e.g., home, school, community). The treatment plan is designed in collaboration with family members and is, therefore, family-driven rather than therapist-driven. The ultimate goal of MST is to empower families to build an environment, through the mobilization of indigenous youth, family, and community resources that promotes health. The typical duration of home-based MST services is approximately 4 months, with multiple therapist-family contacts occurring each week.

Although MST is a family-based treatment model that has similarities with other family therapy approaches, several substantive differences are evident.

- ***First, MST places considerable attention on factors in the adolescent and family's social networks that are linked with antisocial behavior.*** Hence, for example, MST priorities include removing offenders from deviant peer groups, enhancing school or vocational performance, and developing an indigenous support network for the family to maintain therapeutic gains.
- ***Second, MST programs have an extremely strong commitment to removing barriers to service access (see e.g., the home-based model of service delivery).***
- ***Third, MST services are more intensive than traditional family therapies (e.g., several hours of treatment per week vs. 50 minutes).***
- ***Fourth, and most important, MST has well-documented long-term outcomes with adolescents presenting serious antisocial behavior and their families.*** The strongest and most consistent support for the effectiveness of MST comes from controlled studies that focused on violent and chronic juvenile offenders.

### ***Empowering Caregivers to Manage Future Difficulties***

The ultimate goals of MST are to provide the youth's primary caregivers with the skills and resources they need to address independently the difficulties that arise when rearing teenagers with behavioral problems and to give youth the skills to cope with family, peer, school, and neighborhood problems.

- MST focuses on changing the known determinants of offending, including characteristics of the individual youth, the family, peer relations, school functioning, and the neighborhood.
- MST treatment plans are designed jointly with family members and are family-driven rather than therapist-driven.

### ***Evidence of MST Effectiveness***

Research has shown that youth anti-social behavior is multi-determined from factors across the youth's social network. Thus, treatment must have the capacity to address a broad range of problems.

The first controlled study of MST with juvenile offenders was published in 1986, and since then, numerous randomized clinical trials with violent and chronic juvenile offenders have been conducted. In these trials, MST has demonstrated:

- reduced long-term rates of criminal offending in serious juvenile offenders,
- decreased recidivism and re-arrests,
- reduced rates of out-of-home placements for serious juvenile offenders,
- extensive improvements in family functioning,
- decreased behavior and mental health problems for serious juvenile offenders,

- favorable outcomes at cost savings in comparison with usual mental health and juvenile justice services.

### **Functional Family Therapy**

Functional Family Therapy (FFT) is a family-based prevention and intervention program that has been applied successfully in a variety of situations to assist youth and their families.

#### ***Brief Description of Intervention***

The model consists of a systematic and multi-phase intervention map that provides a framework for clinical decisions, within which the therapist can adjust and adapt the goals of the phase to the individual needs of the family. The three intervention phases are as follows:

*Phase 1:* Engagement and motivation

*Phase 2:* Behavioral change

*Phase 3:* Generalizations are sequentially linked to specific goals for each family interaction.

The range of treatment is three to 30 sessions over a three-month period, with a median timeframe of 12 sessions. This is consistent with current practice and can be applied across agencies for youth with multiple needs. FFT can be conducted in a clinic setting, as a home based model or as a combination of clinic and home visits. FFT program implementation targets teams of up to eight clinicians who work together by regularly staffing cases, attending follow-up training, and participating in ongoing telephone supervision.

#### ***Family and Youth Engagement and Cultural Perspectives***

##### **Family Perspective**

In a recent article regarding FFT in King County Washington, parents noted that FFT worked for their youth because of "the emphasis on working with the youth as part of the family (Loughran, 2002). The therapist focused on real, every day solutions to dealing with missed curfews, truancy and drug use. Families learned not to blame the youth or the parents but to talk about differences and talk about attainable goals as a group. A therapist usually meets with families in their homes, at their convenience, and provides continued support after the formal sessions have concluded" (Loughran, 2002).

##### **Youth Perspective**

It is important that young people are seen as part of the family in this therapy model. In addition, FFT should be accessible to all and according to need. FFT should promote communication between the parents and the young person. The focus of this model needs to be on the total family, not just the young person's issues. Additionally, FFT should consider working with interventions that have made a positive difference in the family.

### **Cultural Perspective**

Culture and language affect the perception, utilization, and potentially the outcomes of mental health services. Therefore, the provision of culturally and linguistically appropriate services designed to meet the needs of diverse racial and ethnic populations should include language access for persons with limited English proficiency, services provided in a manner that is congruent, rather than conflicting with cultural norms; and the capacity of the provider to convey understanding and respect for the client's worldview and experiences. (DHHS 2001)

The flexible integration of clinical theory and in home engagement and sustaining strategies as part of FFT design offers an opportunity to meet families where they are most comfortable, understand and encourage their natural social networks and to provide culturally and linguistically responsive services as truly part of the treatment process. As with any "in home" intervention, staff's cultural knowledge needs to include understanding of the many cultural considerations influencing the effectiveness of treatment.

### ***Evidence of Program Effectiveness***

The FFT program is supported by 30 years of clinical research, which supports its foundation as an evidence-based practice for youth with substance abuse problems or antisocial behavior problems. FFT has been applied to a wide range of youth and their families in various multi-ethnic, multicultural contexts and with pre-adolescents and adolescents diagnosed with conduct disorders, violent acting out and substance abuse (Sexton & Alexander, 2000).

In December of 2000, Office of Juvenile Justice of Delinquency Prevention issued Juvenile Justice Bulletin on FFT by the founders of FFT (Sexton & Alexander, 2000). The OJJDP Bulletin cited recidivism rates for the FFT treated population at just over 20% while the residential treatment cases had a recidivism rate of approximately 90%.

### **Aggression Replacement Training (Art)**

Aggression Replacement Training® (ART®) is a multimodal psycho-educational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART® is to improve social skill competence, anger control, and moral reasoning. The program incorporates three specific interventions: skill-

streaming, anger-control training, and training in moral reasoning. Skill-streaming uses modeling, role-playing, performance feedback, and transfer training to teach pro-social skills. In anger-control training, participating youths must bring to each session one or more descriptions of recent anger-arousing experiences (hassles), and over the duration of the program they are trained in how to respond to their hassles. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others and to train youths to imagine the perspectives of others when they confront various moral problem situations.

The program consists of a 10-week, 30-hour intervention administered to groups of 8 to 12 juvenile offenders thrice weekly. The 10-week sequence is the "core" curriculum, though the ART® curriculum has been offered in a variety of lengths. During these 10 weeks, participating youths typically attend three 1-hour sessions per week, one session each of skill-streaming, anger-control training, and training in moral reasoning. The program relies on repetitive learning techniques to teach participants to control impulsiveness and anger and use more appropriate behaviors. In addition, guided group discussion is used to correct antisocial thinking. The ART® training manual presents program procedures and the curriculum in detail and is available in both English and Spanish editions. ART® has been implemented in school, delinquency, and mental health settings.

### **Family Integrated Transition (Fit)**

The Family Integrated Transitions (FIT) program provides integrated individual and family services to juvenile offenders who have mental health and chemical dependency disorders during their transition from incarceration back into the community. The goals of the FIT program include lowering the risk of recidivism, connecting the family with appropriate community supports, achieving youth abstinence from alcohol and other drugs, improving the mental health of the youth, and increasing pro-social behavior.

FIT is based on components of three programs: multi-systemic therapy (MST), dialectical behavior therapy (DBT), and motivational enhancement therapy (MET). The overarching framework of FIT is derived from MST, a preservation model for community-based treatment. This treatment component uses therapists to coach caregivers in establishing productive partnerships with schools, community supports, parole, and other systems and help caregivers develop skills to be effective advocates for those in their care. While the MST component concentrates on the extent to which environments around the youth support pro-social behavior, FIT incorporates elements of DBT to address individual-level characteristics by replacing maladaptive emotional and behavioral responses with more effective and skillful responses. Finally, FIT uses aspects of MET to engage youths in treatment, with the objective of increasing their commitment to change. FIT therapists use MET techniques to develop the initial engagement of all parties and to maintain the commitment throughout the treatment.

### **Family Preservation Services**

Family preservation services are short-term (4-6 weeks), family-based services designed to assist families in crisis by improving parenting and family functioning while keeping children and communities safe. These services developed largely in response to the over-reliance on out-of-home care that characterized services in the 1970's. Family preservation services grew out of the recognition that children need a safe and stable family and that separating children from their families is traumatic for them, often leaving lasting negative effects. These services build upon the conviction that many children and communities can be safely protected and treated within their own homes when parents are provided with services and support and empowered to change their lives. Family preservation programs are designed to help families cope with stress, maintain needed services, and obtain other needed services.

### **Wraparound Services**

The wraparound process provides individualized, comprehensive, community-based services and supports to youth with serious emotional and/or behavioral disturbances so they can be reunited and/or remain with their families and communities. Often these serious emotional or behavioral disturbances evidence themselves in the family setting, educational setting or even work setting.

Wraparound service delivery is a community-based solution for meeting the needs of behaviorally challenged youth who are at risk of being placed outside the community in residential or foster home settings. The goal is to turn what resources we have into what the youth and their family needs. Resources are created and organized around the youth and their family. This collaborative process focuses on identifying the strengths of the youth and his or her family and extended family. These strengths are used as the basis of the wraparound plan. Rather than sending the youth to a placement away from his or her family and community, community-based services are wrapped around him/her.

## **Phase II (b): Use of Kinship Care, Family Foster Care and Multi-Dimensional Treatment Foster Care**

### **Kinship Care**

Kinship care is an option that is effective when youth cannot live with their own families and have relatives or adults who know and care about the child willing to care for him/her.

In order to identify kin willing to care for youth involved in the juvenile justice system family engagement must occur as soon as the youth is identified to the system. Experience has taught us that as family members become more comfortable with the system and more trusting that the DPO is working for them, they are more willing to share names of kin who might be willing to assist in taking care of their child.

**In spite of the numerous benefits associated with kinship care, myths remain.**

Many people struggle with the idea that “The apple doesn’t fall far from the tree” and if youth move into kinship care homes, they will face the same parenting styles that may have caused problems in the first place. In fact, research shows that children living with relatives are no more likely—and are perhaps less likely—than children living with traditional foster parents to experience abuse or neglect or enter the juvenile justice system after being removed from their homes. A 1997 study found that non-kin foster parents were twice as likely as licensed kinship foster parents to have a confirmed report of maltreatment.

In fact, the research tells us that *many children who cannot live with their parents benefit from living with grandparents and other family members*. Supporting kinship caregivers in their efforts to address the needs of these children thus provides an opportunity to improve the lives of many children who have already experienced trauma or have acted out significantly on their own family system.

#### ***What We Know About Kinship Care Effectiveness***

Research tells us that kinship care minimizes trauma of loss, maintains healthy family connections and reduces placement disruption. When possible and safe, (for the youth and the community) kinship care offers a way for youth to stay within the community, in a family setting where adults support ongoing connection with the child’s family and culture.

***Youth in kinship care experience greater stability.***

- Youth in kinship foster care have been found to experience fewer placement changes than children placed with traditional foster parents.
- Fewer youth in kinship care report having changed schools (63 percent) than do children in non-relative foster care (80 percent) or those in group care (93 percent).
- Youth who reunify with their birth parent(s) after kinship care are less likely to re-enter the system than those who had been in non-relative foster placements or in group care facilities.
- Youth in kinship care report more positive perceptions of their placements and have fewer behavioral problems.

***Compared to youth in traditional foster care and those in group care, youth in kinship care are:***

- More likely to report liking those with whom they live (93 percent vs. 79 percent [non-relative foster care] and 51 percent [group care])
- More likely to report wanting their current placement to be their permanent home (61 percent vs. 27 percent and 2 percent)
- Less likely to report having tried to leave or run away (6 percent vs. 16 percent and 35 percent)
- More likely to report that they “always felt loved” (94 percent vs. 82 percent [non-relative foster care]).
- In terms of scores in physical, cognitive, emotional, and skill-based domains, youth in kinship care have scores more like those of youth who are able to remain at home.
- Both teachers and caregivers tend to rate youth in kinship care as having fewer behavioral problems than do their peers in other out-of-home placement settings.

## **Treatment Foster Care**

Treatment Foster Care (TFC) or Multidimensional Foster Care (MTFC), has its roots in social learning principals. It is defined broadly as:

*...a distinct, powerful, and unique model of care that provides children with a combination of the best elements of traditional foster care and residential treatment centers. In Treatment Foster Care, the positive aspects of the nurturing and therapeutic family environment are combined with active and structured treatment. Treatment foster programs provide, in a clinically effective and cost-effective way, individualized and intensive treatment for children and adolescents who would otherwise be placed in institutional settings.*

MTFC has its roots in social learning principals and is commonly associated with the work of Patricia Chamberlain who developed the Oregon Multidimensional Treatment Foster Care Program. Children and youth who cannot be effectively managed in traditional foster care settings are often placed in MTFC programs. MTFC provides more intensive therapeutic, supervisory, and case management services than traditional foster care for children exhibiting chronic disruptive or anti-social behavior who might otherwise be incarcerated, in residential or group treatment, or in the hospital (152). Treatment typically lasts 6-9 months.

MTFC programs require close collaboration between all of those involved in a youth's life, including the program supervisor, case worker, parole or probation officer, if any, the child's teachers and/or work supervisors, foster parents, and birth parents. MTFC foster parents receive a great deal of support and training from program staff and are expected to provide a structured, supportive home for the child. Foster parents are contacted seven times per week regarding their foster child, including a two-hour group session, five ten-minute phone calls, and additional calls as needed. Foster parents use behavior management techniques with their foster child, provide close supervision, and keep the child away from delinquent peers.

The goal of MTFC is to return the child to his/her birth parents. While their child is in MTFC, birth parents receive support from the therapist, who teaches them how to use the behavior management skills being used in the foster home. Additionally, birth parents attend a one-hour group session each week to build skills.

Throughout a child's placement, birth parents are encouraged to attend supervised home visits with their child and maintain communication with their child's therapist (152).

#### ***What We Know About Program Effectiveness***

MTFC has been subject to extensive research. Two studies comparing MTFC to group home or hospital placement found positive effects of MTFC, including improvements in behavior problems, less recidivism, and less movement to more restrictive treatment environments. MTFC, in comparison to traditional foster care, was associated with greater behavioral improvement and a lower likelihood of running away or incarceration.

## **Phase II (c) Inclusion of Intensive Services and Treatment in Group Care**

### *Narrative Description:*

The general philosophy underlying the proposed reform system in LA County Department of Probation is to embed evidence based practices within residential placement settings and to create incentives to return youth as quickly as possible to family settings after a residential stay becomes necessary, providing community-based care including intensive home-based services. This approach emphasizes that it is key for the transition from residential care to community-based care happens planfully, is supported and is experienced as seamless by the youth and their family.

This group care model includes:

- ④ Intensive treatment focused on diagnostic, crisis stabilization work and treatment services.
- ④ Family Engagement strategy will be created to ensure family engagement for each youth identified as needing residential treatment.
- ④ A Team Process – the team process is not a simple intervention, but rather a process that is owned by the family and can be sustained after all formal supports are no longer needed. Thus, the team remains the constant planning process for the youth regardless of the involvement of other services.
- ④ Screening, Assessment and Decision-making that engage families and youth fully in the process. The placement recommendation will include the LARRC assessment and a recommendation for appropriate placement.

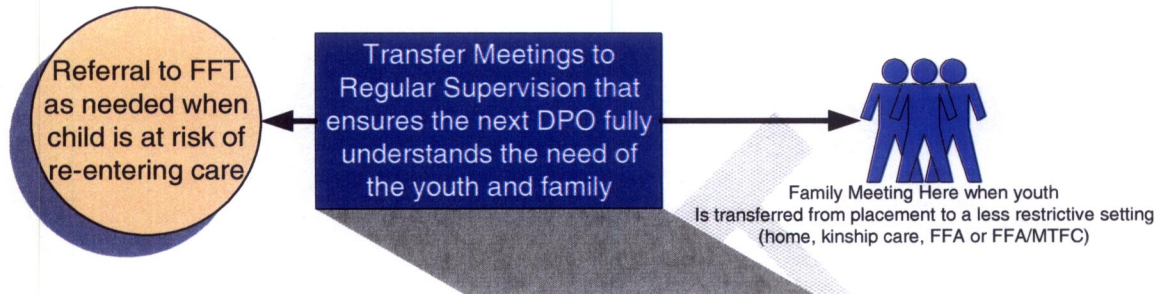
Within this transformed system, the residential care provider will be responsible for facilitating and staffing using EBP principles, treating the youth using evidence-supported therapeutic modalities, providing educational support, working with the current or potential family, and securing lower level care (rel/non-rel) for youth whose treatment is complete after three months but whose family is not ready to receive them. The provider may also provide respite for youth who have been returned to their family but need sporadic returns to a structured setting to maximize treatment gains.

Practice guided by three principles:

- Services are driven by the needs of the youth and preferences of the family and are addressed through a strengths-based approach.
- Services should occur in a multi-agency collaborative team and are grounded in a strong community base.

- The services offered, agencies participating, and programs generated are responsive to cultural context and characteristics.

## Phase II(d): Transfer Meetings Between Placement-Aftercare- Field Probation Officers



### Narrative Description:

A Transfer Meeting should occur any time there is a change in probation officers. between This meeting ensures that the dynamics between the youth and his/her family, the strengths of the family system, educational or peer issues the youth may be facing, dangers and long and short term intervention goals are fully understood by the new probation officer.

If these meetings are held with the family and youth (through a Team Meeting) it provides an opportunity for information to be clarified and expectations of all members of the team [birth family, foster family/kinship caregiver (if the youth remains in out of home care), youth and probation officer are fully understood. It also provides an opportunity to identify additional members of the family or extended family who might be able to offer support to the youth. If this transition is occurring when a child moves from placement (group or residential care) to a less restrictive community setting additional supports may be imperative for success.

If the youth is being transitioned out of care into the home, this transfer meeting provides an opportunity to discuss the youth's risk of recidivism and to plan for specific services and interventions recommended to minimize this risk. Again, additional support from kin often makes the difference between successful re-entry into the home and community and recidivism.

Research tells us that often 60 days of working with youth and families are lost whenever a change in probation officers occur. This often occurs because it takes some time for the new probation officer to "get up to speed" on the issues of the case. This can result in recidivism. Transfer Meetings are a way to ensure that this loss in case activity is minimized.

## Phase II (f): Implementation of Family Functional Probation and Parole

### Narrative Description:

In looking for a model to use in a community parole program, staff need a program specifically targeted to engage and motivate families to participate in treatment with their children. These families usually have multiple previous unsuccessful experiences with the “system”. Many families have feelings of anger, shame or frustration that compound the sense of being blamed by the “system”. All these circumstances lead to the decision that parole staff must have concrete skills to work with families.

Additionally making families a priority for intervention and partnerships is a must for reducing recidivism. The chances for long-term, permanent change increase dramatically if the family is able to be motivated and engaged to participate in a youth’s treatment progress. The challenge is finding a way for parole staff to make use of the research on family therapy models such as FFT and MST.

**Functional Family Parole Services (FFP) is a family-focused parole model that makes use of cognitive-behavioral principles, primarily a form of cognitive restructuring called reframing.** The FFP curriculum teaches parole staff specific skills to improve outcomes with families and youth. The family-based principles come directly from Functional Family Therapy (FFT). The specific principles are designed to train parole staff to work with families first, to provide an environment for service providers that maximizes support for the intervention, and to build upon research of effective interventions for adolescent offenders and their families.

FFT and FFP target risk and protective factors for youth and families. FFT and FFP provide concrete techniques to improve the outcomes achieved with families involved with the Department.

“Many of the risk factors that recur in the literature with respect to youth violence, substance abuse, and delinquency (e.g., poverty, disrupted caretaker history, family conflict) also place youth and families at risk for low engagement and non-retention in change programs...FFT has demonstrated significant positive impact by responding to this problem by first focusing almost exclusively on the motivation family members experience to participate in change. In particular, FFT emphasizes cultural, family and individual respect and sensitivity, alliance with each family member, and the reduction of the toxic effects of blaming, anger, and hopelessness...Interventionists avoid a message that they are attempting to impose change, and instead...emphasize the use of relationship skills to reduce defensiveness in all family members, including when they are blaming each other. Further, it is emphasized that the interventionist is an advocate for all family members, not the ally of one against the other.” (FFT Blueprint 1998)

For these reasons, Functional Family Parole (FFP) is an excellent model of services to youth under parole supervision. This program is designed as a brief intervention, which steers families of delinquent youth in a new direction. FFP's success is directly related to the three-phase approach, which stages the change process in a very deliberate way. The three phases are Engagement and Motivation, Monitor and Support, and Generalization.

### ***Brief Description of the Intervention***

The parole counselor implementing FFP has several tasks. The focus must shift from changing a youth's behavior to creating a more functional environment within the family. The shift is important because individuals who see themselves as part of an entire family issue will more readily involve themselves in a family-based solution.

FFP targets small, obtainable change in the family. Such changes have the immediate effect of modifying the "problem behavior." Additional impacts are generated later when the family applies the change to future situations. In effect, the new family behavior spirals the family in a more positive direction. Parole counselors using FFP principles work with youth and their families using a *three-phased model*.

#### ***The first phase of service is engagement and motivation.***

In this phase, the primary goal is to increase the entire family's motivation to participate in services as well as to engage every family member in the process. A parole counselor has two complementary tasks: reduce blame and negativity and increase hope. The FFP model uses a specific set of skills and assessment tools to accomplish these tasks.

#### ***The second phase is support and monitor.***

During support and monitor, parole counselors may refer youth to services that increase the family functioning or teach skills. Improved functioning allows family members to perform tasks that contribute to success. Parole counselors might also work with youth and families on fine-tuning the new skills and behaviors that youth learn in residential settings. Fine-tuning is sometimes necessary since any behavior change must respond to the unique nature of the family relational system. The parole counselor provides support and encouragement to the family and youth during the support and monitor phase. Keeping the family motivation high and keeping negativity low are two ongoing goals of the parole counselor during this time. Through praise and reinforcement, the parole counselor supports the family as changes are made.

#### ***The last phase of FFP services is generalization.***

During generalization, the parole counselor links with any external provider as services end and coaches the family and youth to implement what has been learned. Maintenance of change occurs through relapse prevention techniques. The family must expect that things "will get worse, but can get better again." This builds family confidence over time that the newly acquired skills will work. The parole counselor is available to families as they struggle

through use of different behaviors. The coaching often helps families view the situation differently or adapt the new skills to fit a new set of circumstances.

FFP may use cognitive-behavioral techniques. These techniques are vehicles to accomplish change. All techniques used must match the family and meet the goals of the phase of service.

Family service plans may include skills training or behavior modification principles; however, the plan must include activity for all members of the family. In FFP, plans to change family behavior are only implemented after the family is engaged and motivated to participate in the process. Efforts to keep family motivation and engagement high are made during all three phases.

## **Addendum**

## **POSSIBLE QUESTIONS TO ENGAGE YOUTH AND THEIR FAMILIES WHEN COMPLETING THE LARRC**

*(Note: It Is Not Expected That DPOs Will Ask All Of These Questions, But A Select Few Based On The Youth And The family)*

### **INITIAL FAMILY AND YOUTH ENGAGEMENT**

*Ask caregivers and youth separately*

- How are you feeling about being involved in the juvenile justice system?
- What scares you the most about involvement in the juvenile justice system?
- What provides the greatest encouragement/hope about involvement in the juvenile justice system?
- Are you afraid of what your family might think?
- We are all afraid to be judged...are you afraid of how I might perceive you?

### **RISK TO SELF OR COMMUNITY/RISK FOR RECIDIVISM**

#### **DELINQUENCY ORIENTATION**

- If someone would describe you, would they say that you had integrity? (that you do what you said you were going to do). Why?
- What is the way that you usually handle it when someone makes you angry?
- Would people who know you say that you had a temper?
- When is one time that you lost it and why?
- How do you usually get things to go your way?

#### **DELINQUENCY AFFILIATION**

- Who is your most supportive friend?
- In your community do you have anyone who you trust?
- When is one time that you wanted to get into a fight but did not?

#### **SUBSTANCE ABUSE:**

- How do you get through a bad day?
- Have you ever felt like you should cut back on your drinking or drug use—or felt bad or guilty about it?
- Has your drinking or drug use caused school, family, or legal problems?
- Do your peers ever pressure you to drink or use drugs? What do you say?
- How easy is it to get drugs or alcohol?

## **FAMILY INTERACTION**

- What do you think that your child needs from you as a parent with regard to supervision and day to day interaction?
- On a scale of 1-10, where are you at in comparison with where would you like to be as a parent? What will it take you get to the next level?
- What is the most positive thing that you can tell me about your child? What can he/she do that makes you most proud?
- Describe your family traditions that are important to you-- (Birthdays, holidays, first day of school, church activities)
- As a child did you ever experience any type of abuse? Were you involved in the child welfare or juvenile justice system growing up?
- Who raised you? How were you parented when you grew up? What is your relationship with your parent now?
- What are some things you would like to do that are the same as your parents, what are some things that you would like to do differently?
- Does your child have any behavioral problems that worry you? If so, please describe your child's behaviors.
- Has your child ever been evaluated for mental health issues by anyone? If so, what was the outcome? What were you told to do to help your child?
- Does your child have any medical issues that cause you to worry about him/her?

## **PARENT'S MENTAL HEALTH**

- Do you ever feel like you just can't take it anymore?
- Do you ever have a hard time just getting going in the morning? When you cannot "get going" who takes care of your child?
- Do you have a mental health diagnosis? If so, are you on any medications? Do you take them regularly?

## **PARENT SUBSTANCE ABUSE**

- How do you get through a bad day?
- Has your drinking or drug use caused job, family, or legal problems?
- Do you ever use prescription drugs in ways other than prescribed?
- Do others in the home abuse alcohol or other drugs?

## **FAMILY VIOLENCE**

*Ask the caregivers*

- On a scale of 1-10 where would you rate your relationship with your partner/spouse/significant other? What would bring you closer to a 10?

- How do you resolve conflict in your family? Have the police ever been called to your home?
- Have you ever been concerned about the safety of your children when you argue with your partner?
- Has your child ever scared you or threatened to physically harm you?

*Ask the youth*

- What happens when there is an argument in your family?
- Have you ever seen or heard someone in your family hurt another family member?
- Are you ever afraid something is going to happen to you or to your parents?
- Do you have a pet—if so have you ever been worried about the safety of your pet?
- Has any of your siblings scared you or threatened to physically harm you or any member of the household?

**FAMILY FINANCIAL STABILITY**

- Is your income enough to meet your basic needs?
- Do you ever have concerns about your house or your neighborhood being safe for you or your children?
- Do your children ever go to bed hungry because there was no food in the house?
- Are you working so much that you don't get to spend time with your family?

**SOCIAL ISOLATION OF THE YOUTH**

- Who do you consider family/kin? Are you close to anyone in your church or community?
- What do you identify as your race or culture (i.e. tribal affiliation) How has your race/culture influenced your parenting?
- Who really matters to you (friends or family)?
- Who do you go to when you need someone to listen to you?
- When you grow up who would you like to be most like in your extended family?
- On a scale of 1-10 how would you describe how happy you are? Scared you are? Confident you are?
- How do you handle stress in your life?
- Do you ever feel so down that you think about "ending it all"?

**ACADEMIC ENGAGEMENT**

*Ask the caregivers*

- What about your child/youth's school performance makes you proud?
- What is your child's best subject?
- Where does your child struggle in school?

- Was your child ever held back in school?

*Ask the youth*

- What grade are you in?
- Is school important to you?
- For those students in special education:
  - What is it like for you to go to your classes everyday?
  - Has anyone ever told you that you are smart? Dumb?
  - Do you feel stupid in classes sometimes?
  - When is one time you have been proud of yourself in school?
- What is the best part of the school day (other than when it is over?)
- Do you ever have problems understanding what your teacher is saying? Do you have any trouble reading the board?
- What is the hardest part of school for you?
- What is your best subject? Who? Why?
- Do you ever skip school? If so, where do you go when you skip school?

## **SELF REGULATION**

- When is one time you said no to your peers when they were encouraging you to do something that you knew you should not do?
- How hard is it for you to say no to your peers?
- What part of your life is most stressful to you?
- How do you manage stress in your life?
- What is one thing that you have accomplished that you are most proud of?
- What do you think is one thing that your parent's should be proud of that you have done?
- How do you go about solving problems in your life?
- What is your most effective strategy for solving problems?
- Would people say that they can rely on you to do what you say you are going to do?

## **INTERPERSONAL SKILLS**

- Who taught you how to get along with people?
- On a scale of 1-10 how would you rate your relationship with your parent(s)? (Whatever number they say ask this question...What would it take you to get to a \_\_\_\_ (next number))?
- Which of your friends do you feel safest with? Why?
- Which friend do you think is the best influence on your behavior?

- When you walk into a group of people you do not know do you feel scared or comfortable?
- How easy is it for you to make friends?
- When you disagree with someone how do you handle it?
- When was the last time you needed to defend yourself?
- What is the most effective way that you have of defending yourself?

**Title IV-E Capped Allocation Demonstration Project (CADP)**

**Implementation Plan  
Edition 2, February 3, 2009**

**Los Angeles County  
Department of Children and Family Services (DCFS)  
and Probation Department**

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## **Section One**

### **I. Introduction**

On April 17, 2007, the Los Angeles County Board of Supervisors approved the submission of the County's Title IV-E Child Welfare Capped Allocation Demonstration Project (CADP) Five-Year Plan to the California Department of Social Services (CDSS). CDSS approved the County's CADP submission on May 18, 2007, to begin on July 1, 2007. The Department of Children and Family Services and the Probation Department (the Departments) jointly submitted the CADP, which provides flexibility in their use of Title IV-E funds to test the effect of innovative strategies to accelerate efforts to improve outcomes for children and families in Los Angeles County. These efforts build upon system improvements already underway among the Departments and their community partners.

On June 26, 2007, the Los Angeles County Board of Supervisors approved the Title IV-E Capped Allocation Demonstration Project (CADP) Implementation Plan, Edition 1 (Implementation Plan). This approval allowed DCFS and Probation to begin implementing critical system changes in the way child welfare services are provided to children and families in Los Angeles County. This Edition 2 Implementation Plan represents the evaluation and efforts of DCFS and Probation to build upon the original Implementation Plan by expanding first sequence initiatives and introducing new second sequence initiatives.

### **II. Goals**

As in the original Implementation Plan, the goals of this 2<sup>nd</sup> Edition Implementation Plan reflect the following CADP goals:

#### **Universal goals to both dependent and delinquent populations as a whole**

- Provide more preventive services;
- Increase the number and array of services to allow more children to remain safely in their home;
- Reduce the reliance on out-of-home care through the provision of intensive, focused, individualized services;
- Reduce the number of children and their length of stay in congregate care while ensuring that individualized case planning and appropriate community alternatives are in place first; and,
- Reduce the timelines to permanency.

Specific goal to the dependent population

- Reduce the recurrence of maltreatment through a combination of caseload reduction and an increase in the time caseworkers spend with each family.

Specific goal to the delinquent population

- Reduce the recurrence of maltreatment through a combination of caseload reduction and evidence-based case management interventions.

**III. Federal Waiver Outcome Measures**

The following federal Waiver outcomes and corresponding measures, as reflected in the California Waiver Terms and Conditions, are the basis for our CADP goals:

Increased child safety:

- Number and proportion of children with a subsequent substantiated report of abuse/neglect within a specified time period;
- Number and proportion of children in foster care with a substantiated report of abuse or neglect while in foster care;
- Number and proportion of children that receive a face-to-face contact with a child welfare professional within a specified period following a report of abuse or neglect;
- Average number of social worker visits, as appropriate, per child in placement or with an active child welfare case; and,
- Rate of recurrence of abuse/neglect in homes where children were not removed.

Increased and more timely exits to permanency:

- Number and proportion of children that are reunified within 12 months of removal from the home;
- Number and proportion of children that are adopted within 24 months of removal from the home; and,
- Number and proportion of children who re-enter out-of-home placement.

Increased placement stability:

- For children in out-of-home placement, the average number of changes in placement setting within 12 months of removal from the home.

Increased appropriateness and decreased restrictiveness of new and existing out-of-home placements:

- Number and proportion of children placed in foster care with all or some of their siblings;
- Number and proportion of children in out-of-home placement who change placements settings, and the direction of change in the restrictiveness of the placement setting (i.e., to a less restrictive or more restrictive setting); and,
- Number and proportion of Indian Child Welfare Act (ICWA) eligible children placed in culturally appropriate foster care settings as defined by ICWA.

Improved child and family well-being:

- Children transitioning to self-sufficient adulthood such as: high school diploma, enrolled in college/higher education, completed vocational training, employed or other means of support.

To the extent available, the State's evaluation tracks all of these outcome measures in relation to gender, age, race, and, as appropriate, placement type or setting.

#### **IV. Reinvestment Strategy**

Under the CADP, for a period of five years the State and Federal share of foster care funds shall be capped and made available to the County to finance structural and programmatic improvements to the child welfare and probation service delivery systems, and the Title IV-E requirement that children be at imminent risk of entering or in foster care for these funds to be used for services is waived. The federal funding cap was established based on actual federal reimbursement for administrative and out-of-home care costs the County received in Federal Funding Year (FFY) 02-03, 03-04 and 04-05 with a 2% growth factor added each year of the Waiver. The State funding cap was established based on the actual reimbursements for out-of-home care costs in Fiscal Year (FY) 05-06 and FY 06-07 Child Welfare Services allocation with a 2% growth factor added for each year. The County's Maintenance of Effort (MOE) was established based on actual expenditures in FY 05-06. There is no increase in NCC.

The following table details the most recent expenditure and reinvestment funding projections through FY 11-12:

	FED & STATE REVENUE AND NCC	EXPENDITURE ESTIMATES						FUNDING AVAILABLE FOR REINVESTMENT
		DCFS Administration Budget	%	Probation Administration Budget	%	Assistance Payments Budget	Total	
FY 2007/08	997,514,000	462,930,000	7.0%	106,417,000	8.2%	399,288,000	968,635,000	28,879,000
FY 2008/09	1,008,388,000	491,534,000	6.2%	114,218,000	7.3%	388,730,000	994,482,000	13,906,000
FY 2009/10	1,019,479,000	501,983,000	2.1%	116,646,000	2.1%	393,766,000	1,012,395,000	7,084,000
FY 2010/11	1,030,792,000	515,572,000	2.7%	119,804,000	2.7%	394,799,000	1,030,175,000	617,000
FY 2011/12	1,042,331,000	526,968,000	2.2%	122,452,000	2.2%	398,116,000	1,047,536,000	(5,205,000)
5-Year Total	5,098,504,000	2,498,987,000	20%	579,537,000	23%	1,974,699,000	5,053,223,000	45,281,000
Avg per Year	1,019,700,800	499,797,400	4%	115,907,400	5%	394,939,800	1,010,644,600	9,056,200

As identified in the preceding table, the Departments realized \$28.9 million in child welfare reinvestment funds during the first year of the CADP. The Departments have agreed that it would be fiscally responsible to limit reinvestment spending for the second and third year of the CADP to the \$28.9 million generated during the first year and to split the funding available for reinvestment based on the proportion of actual reinvestment funds each Department earned. DCFS earned \$26.7 million in reinvestment funds, and Probation earned \$2.2 million. DCFS proposes to use \$4.6 million of the available reinvestment funds in FY 2008-09 and up to \$17.4 million in FY 2009-10. Probation will utilize up to \$2.2 million.

We expect that system reform, particularly in reducing the number of children entering foster care and accelerating the return to permanent families of those in foster care, will continue to generate additional reinvestment funds over the remainder of the CADP, which will, in turn, be identified and reinvested in further service delivery enhancements. This reinvestment strategy is a tremendous incentive to the Departments to realign the investment of resources around the needs of children and families in the communities in which they live.

The County and CDSS reached agreement on a Memorandum of Understanding (MOU) specifying the roles and responsibilities of all parties; authorizing the County to participate in the CADP; allowing the County to expend State and federal foster care funds for children and families who are not normally eligible and allowing the County to make payments for services that will be provided that are not normally covered under Title IV-E; and specifying mechanisms/procedures to be used for claiming, collecting, reporting and tracking data on children and families served in the CADP.

## **V. IV-E Waiver CADP Management Team**

### **Management Team and Responsibilities**

The Waiver Management Team, including DCFS Waiver Coordinator, Deputy Director Lisa Parrish, and Probation Waiver Coordinator, Probation Director Kathy New remains responsible for planning, coordinating, monitoring and reporting on Waiver implementation and outcomes; and working with CDSS, CEO, other Departments, service providers, community partners and other stakeholders. The two Departments will continue to work closely together with a County Steering Committee, which includes the Chief Executive Office (CEO), and meets monthly to focus on governance, implementation status, financial projections and tracking, and outcomes. In addition to the Steering Committee, DCFS and Probation Team members will continue to meet or conference by phone on a regular basis.

### **Management Data**

Real time management data for tracking clients and services, outcomes, and linked expenditures remains critical to the success of the flexible funds reinvestment strategy. Without accurate and timely management information, some of which is not currently available, there is the potential to misinterpret the effect of changes to the service delivery systems and to miscalculate the financial impacts. DCFS and Probation will continue to work closely together to identify and address gaps in management information, including both data and reports.

DCFS has begun development of an expenditure report that provides monthly expenditures by facility type. This report will integrate all programs within our service delivery system. DCFS tracks quarterly data through the Child Welfare Services Outcomes Systems Report. This report is provided by the University of California, Berkeley (UCB) Center for Social Services Research: CWS/CMS Dynamic Report System, and these data measure longitudinal changes in the Waiver's Key Outcomes and Indicators.

## **VI. Communication Plan and Stakeholder Input**

The Departments have held three large-scale events with over 300 County managers and community partners to maintain ongoing communication about the CADP and develop flexible funding spending strategies. DCFS will continue this effort through regular meetings of two longstanding workgroups focused on Prevention and Family Reunification, internal workgroups dedicated to Youth Permanency Units and up-front assessments, various meetings with stakeholder groups, and focus on internal modeling of ease/speed of implementation and scope of impact. In addition, each DCFS Regional Administrator will continue to participate and share information in local Service Planning Area (SPA) councils and community forums.

The Departments' e-mail addresses ([waiverinfo@dcfs.lacounty.gov](mailto:waiverinfo@dcfs.lacounty.gov) and [waiverinfo@probation.lacounty.gov](mailto:waiverinfo@probation.lacounty.gov)) remain operational for information delivery and

response; all informational documents on the CADP contain one or both of these e-mail addresses. Three Waiver News Blasts have been provided to both Departments' staff and to a global list of stakeholders developed from the many meetings over the last year. Waiver e-mail News Blasts will continue to be distributed on a quarterly basis.

## **VII. Evaluation Planning**

The Departments will continue to work closely with Casey Family Programs and Dr. Jacquelyn McCroskey of the University of Southern California (USC) in the implementation of the Los Angeles County DCFS Waiver evaluation. This evaluation is closely aligned with and builds upon another key effort already underway in Los Angeles County, the Los Angeles County Prevention Initiative Demonstration Project (PIDP). PIDP serves as a foundation for the Points of Engagement (POE)/Waiver evaluation, and the focus of the Waiver evaluation is built on the design of Dr. McCroskey's POE evaluation. The findings from this POE evaluation suggest a set of key measures for further process evaluations of service delivery systems that are being utilized in the Waiver evaluation design. Process or qualitative measures are especially important during the remaining years of the Waiver as there will be differences in startup, timeframe and resource allocations in different regional offices. Since the POE philosophy is one of the main organizing principles for system improvement, more systematic data on progress will be extremely helpful in tracking change. The Waiver evaluation will gather qualitative data from the families who are served, DCFS line workers who engage families and carry cases, and line staff from community-based partner agencies and organizations.

The evaluations of POE and PIDP are similar enough that many data collection tasks will be merged, especially since prevention evaluation planning built upon the original POE evaluation. Because prevention has been defined as including families not known to the child welfare system as well as families referred to the Child Protection Hotline and families with open DCFS cases, the broad view of the PIDP also encompasses Waiver related activities.

## **VIII. Implementation Sequences**

The term of the 5-year CADP began on July 1, 2007 and ends June 30, 2012. The Departments plan to sequence priority initiatives over time, in a dynamic manner responsive to emergent trends in the service delivery system, and as reinvestment funds are available. The first implementation sequence began on July 1, 2007. The second sequence plan is provided in this document, the Waiver CADP Implementation Plan, Edition 2. The Board of Supervisors will continue to be provided with updates and requests for approval of Implementation Plan revisions.

The Departments originally identified 23 proposed initiatives as service delivery system enhancements viewed favorably under the Waiver's flexible environment in the CADP and approved by CDSS on May 18, 2007. These initiatives range from investments in redesigning the roles of County staff and the available resources and funds for direct

investment in providers in communities to the resources available to families. The Departments plan for multiple iterative implementation sequences over the life of the CADP, which call for flexibility in determining what enhancements will be prioritized in successive sequences. The Departments continue to measure the results of first sequence priorities and are utilizing this experience to determine second sequence priorities. The Waiver environment is necessarily a dynamic one.

The first sequence of reinvestment began in FY 07-08. Subsequent sequences for the use of reinvestment funds depend upon the Departments' demonstration of additional projected reinvestment funds over the remainder of the five-year Waiver term. The Departments will carefully monitor assistance payments and administrative costs to look for opportunities for achieving the Waiver outcomes for children and families, and reducing administrative overhead to generate additional reinvestment funds. The Departments have identified a small list of priority initiatives for the second sequence of service delivery enhancement, based on feasibility and speed of implementation, target population and, most importantly, breadth of estimated impact.

In the following sections, DCFS and Probation detail their implementation plans for their second sequence priorities and the resources associated with them.

## **Section Two: DCFS Title IV-E Waiver Implementation Plan**

### **IX. DCFS Implementation Plans**

#### **Second Sequence DCFS Implementation Priorities**

After considering the target populations, ease and speed of implementation efforts, and breadth of impact on the desired Waiver outcomes, DCFS has selected the following second sequence implementation priorities for FY 08-09 and FY 09-10:

- Expansion of Family Team Decision Making (FTDM) Conferences
- Focused Family Finding and Engagement
- Up-front Assessments on High Risk Cases
- Promoting Safe and Stable Families (PSSF)
- Regional Office Community Partnering
- Implementation of Differential Response Countywide

#### **A. Expansion of Family Team Decision-Making (FTDM) Conferences**

##### **1. Priority Initiative Description**

DCFS has been a best practice site for the Annie E. Casey Foundation (AECF) Family-to-Family (F2F) initiative and has been replicating the core F2F strategies in regional offices. Beginning in January 2007, DCFS was selected as one of nine Anchor Sites for the expansion and dissemination of F2F practice in California. Team Decision-Making Meetings (TDMs) were developed as a central component to child-centered, family-focused F2F practice and have proven to be a very successful, well-received practice enhancement in all offices.

Current DCFS policy directs that a Team Decision Making (TDM) conference be held for any child at risk of removal, and at any time a change in placement or reunification is being considered. During the first Waiver sequence, TDM was expanded to include Permanency Planning Conferences (PPC) for youth in group home care to address the urgency of finding permanency for these youth. TDM meetings are led by a trained Supervising Children's Social Worker (SCSW) facilitator, who is a non-case carrying, independent and neutral party. The facilitator's role is to create an inclusive meeting environment focused on family strengths, assure that everyone participates and is heard, and develop consensus around a Safety/Action Plan regarding the placement decision. Because the Department's Emergency Response Command Post (ERCP) investigates allegations of child abuse and neglect at night and on weekends, TDM facilitators have been unavailable, and children and families investigated by ERCP staff have rarely had the opportunity to participate in an expedient TDM process.

Over the past year and a half, approximately 30% of the Department's removals have occurred at night and on weekends. It is believed that a number of such removals could

be prevented if an expedient TDM meeting could be held and a sufficient safety plan put into place. As outlined in the Katie A. settlement plan, DCFS will add one manager and increase the number of FTDM facilitators by eight; these eight facilitators will be dedicated to assuring that those families investigated by ERCP for whom a child has been removed or is at imminent risk of removal are provided with a TDM meeting as quickly as possible.

**a. Target Population and Theory of Change**

The target population will be families for whom an allegation of abuse or neglect is investigated on nights, weekends or County holidays by ERCP. Timely TDM meetings for families served by ERCP can often prevent removals when appropriate child safety plans can be put into place.

**b. Cost**

Total salaries and employee benefits and services and supplies for 8 additional SCSWs and one Children Services Administrator II (CSA II) assume a phase-in of hiring for these new positions, with all filled by February 1, 2009. Costs for FY 08-09 would be \$590,000 for the five-month period during which positions would be filled and \$1,226,000 for FY 09-10.

**c. Timeframe**

Development:	July 2008 – February 2009
Initial Implementation:	March 2009
Full Implementation:	June 2009

**d. Outcomes and Reinvestment Impact**

Outcomes

The expansion of TDMs to ERCP will focus primarily on reducing the number of detentions, although increased child safety in out-of-home care, placement stability and appropriateness are also likely to be effected.

Reinvestment Impact

We estimate a 10% reduction in the number of children detained through ERCP between FY 08-09 and FY 10-11.

## **2. Recruitment and Selection of Staff (Direct Services)**

The additional TDM facilitators will be SCSWs selected by ERCP management based on criteria set by the F2F Program Manager. Approval for the additional 8 CSWs and one CSA II was authorized by the Board of Supervisors on October 14, 2008. DCFS has posted a bulletin for these new positions and expects to complete the hiring process and release of selected staff by February 1, 2009.

## **3. Pre-Service Training**

In February 2009, the DCFS F2F Program Manager, F2F CSA II and F2F CSA Is will conduct pre-service training for the new SCSW facilitators on the role of the facilitator, the purpose and process of TDMs, facilitation skills, family engagement, and safety action planning.

## **4. Decision Support Data Systems**

Working with the AECF California F2F technical assistants, the F2F Program Manager and staff from the Bureau of Information Services (BIS) will enhance the management reporting abilities of the TDM and develop the capability to track ERCP TDMs, to ensure the ability to capture the performance measures outlined below.

## **5. In-Service Training, Consultation and Coaching**

Throughout FY 08-09, the F2F Program Manager, CSA II and CSA Is will provide the following in-service training: bimonthly all facilitator continuous quality improvement (CQI) meetings, and periodic TDM observations, with regular feedback to senior management and individual coaching to facilitators.

## **6. Performance Measurement**

Full implementation will be measured by performance evaluations for TDM facilitators to include the number of TDMs facilitated monthly, with an expectation of 40 per month per facilitator in FY 08-09.

The following performance indicators will be used to systemically determine full implementation of the expansion of TDMs to ERCP:

- a. The number of TDM meetings held for families for whom ERCP is conducting an investigation and whose children have been removed or are at imminent risk of emergency placement.
- b. Reduction in the number of detentions resulting from ERCP investigations.
- c. High levels of parent, family, caregiver, community supporter, and placement agency attendance at TDMs.

## **7. Facilitative Administrative Support Needed**

Timely release of selected candidates from their current positions will need to be assured, and timely backfilling of positions will facilitate this. Management data systems will need enhancements. Technical assistance (TA) will be obtained from the California AECF F2F Coordinator and F2F TA consultants on quality control and improvement for ERCP TDMs.

### **B. Focused Family Finding and Engagement through Pilot Specialized Permanency Units at Three Regional Offices**

#### **1. Priority Initiative Description**

In August 2005, the Metro North Regional Office partnered with the California Permanency for Youth Project (CPYP) to implement strategies to achieve permanent family connections for older youth in foster care. In October 2005, a Permanency Unit was first formed to target older youth, and training was begun on a variety of related critical issues, including family search and engagement, and working with older youth to overcome challenges and barriers to forming permanent connections, particularly loss, safety, attachment, and resilience. Much was learned from this project, and in the first Waiver sequence DCFS staffed a portion of Metro North's Unit and expanded this effort to partial staffing of a Unit in the Pomona Office. During this second Waiver sequence, these two Units will be brought up to full staffing and a third fully-staffed Unit will be added to the Santa Clarita Office. As designed, each fully-staffed Youth Permanency (YP) Unit will include a Supervising Children's Social Worker (SCSW) and six Generic Children's Social Workers (CSWs) who carry a reduced caseload of 15 youth; these caseloads include the most challenging youth in each office, categorized as high-need, who may have the following characteristics: no or limited family connections, multiple recent replacements, heavy substance abuse, recent psychiatric hospitalization, and repeat runaways.

In addition to reduced caseloads, CSWs in these units receive extensive training and utilize intensive family finding and engagement strategies. They collaborate with secondary Permanency Coordinators and external partners, such as TDM and Family Group Decision Making (FGDM) FGDM facilitators, P3, co-located Department of Mental Health (DMH) staff, Adoption staff, Emancipation/Independent Living Program (ILP) Services, Runaway Outreach Unit, Wraparound Services, and Interagency Consultation Assessment Team (ICAT) and other family finding resources. The role of these secondary Permanency Coordinators and external partners is critical to these pilot Units' success.

### **a. Target Population and Theory of Change**

The target population is high-need youth with few or no family connections or permanency resources. The specialized units serving this population have reduced caseloads of 15 – 24 youth, internet relative search technology, extensive training on the emotional issues and needs of older youth in foster care, expert case consultation and high level support on the focus on the least connected children. With these resources, caseworkers are able to connect or reconnect youth to siblings, parents, extended family members and adult mentors, and restore or create permanent family connections.

### **b. Cost**

One additional CSW III and one ITC will be added to the Metro North office pilot at a cost of \$80,000 for the five-month period in FY 08-09 and \$178,000 in FY 09-10. Two additional CSW IIIs and one ITC will be added to the Pomona office pilot at a cost of \$131,000 for the five-month period in FY 08-09 and \$292,000 in FY 09-10. Six CSW IIIs and one ITC will be identified for the Santa Clarita office pilot at a cost of \$332,000 for the five-month period in FY 08-09 and \$747,000 in FY 09-10. The first year's projected cost for salaries and employee benefits and services and supplies for these positions is \$543,000 for FY 08-09 and \$1,217,000 in FY 09-10.

### **c. Timeframe**

Development:	Underway in Metro North since August 2005
Initial Implementation:	3 offices fully staffed in February 2009
Full Implementation:	December 2009

### **d. Outcomes and Reinvestment Impact**

#### Outcomes

The ultimate outcome of this work will be relational permanence for youth who would otherwise have been likely to emancipate from foster care without durable family connections, and a reduction in the long term foster care census. The eight measurable goals of the pilots are that:

- Youth will be participants and leaders in their permanency planning;
- Youth will have increased connectiveness with siblings, parents, relatives and non-relative extended family members (NREFMs);
- Youth will be returned to the home of a parent if possible;
- Youth will be assessed and prepared for adoption if unable to return home;
- Youth will be assessed and prepared for guardianship if unable to return home or be adopted;
- Youth will be placed with relatives or NREFMs;

- Youth will reside in the lowest level of care possible (most appropriate, least restrictive); and,
- Youth who emancipate will have a least one durable connection with a committed adult.

### Reinvestment Impact

It is estimated that in each pilot office 15 additional youth annually will move from a group home placement to placement with a relative, Non-Relative Extended Family Member (NREFM) or foster home, and that another additional 15 youth annually will exit foster care to reunification, adoption or legal guardianship. This will result in a reduction in the long term foster care census.

## **2. Procurement Vehicle and Process (Contracted Services)**

To date, consultants have been working with the Metro North, Pomona and Santa Clarita Offices on specialized strategies for achieving permanency for older youth. Bob Lewis, a national expert on specialized adoption, trains and provides case consultation support, with a focus on the communication skills needed to work with disconnected teens and their families on their emotional needs. He has provided a kick-off session for the Pomona Office and will provide similar sessions for the Metro North and Santa Clarita Offices in early 2009. Dr. Darla Henry provides training and case consultation support on a framework of tools on reconciling losses, rebuilding relationships, and supporting belonging. She will provide instruction on working with families to prepare them for the return of children or placement of children to their care. LATC will provide focused family finding training and individual case consultation. These consultants will be involved with the pilot offices and the appropriate procurement vehicles will need to be in place by January 1, 2009. In addition, Casey Family Programs has begun providing Families for Life Training to managers and CSWs in the YP Units on preparing and facilitating youth-driven permanency team meetings for the challenging youth they serve.

## **3. Recruitment and Selection of Staff (Direct Services)**

CSWs and ITCs will be selected to fully staff the three YP Units in February 2009. Project Leads have been identified as Managers for each office to coordinate the High-Need Youth Permanency Leadership Team, training for office staff and external partners, conduct selection of appropriate cases, and collect data on results.

## **4. Pre-Service Training**

A clear recommendation from the work done to date by the Metro North and Pomona Offices is that all staff in each pilot office receive training on the importance of permanency for older youth and enhanced family finding and engagement. Staff should

be identified beginning January 2009, and pre-service introductory training will be conducted by the consultants mentioned above and the DCFS Training Section.

## **5. Decision Support Data Systems**

Metro North and Pomona currently utilize logs to track the high-need youth referred and served by the specialized unit and the results associated with the family finding and reconnection efforts. This will be duplicated in the Santa Clarita Office. In addition, DCFS's Bureau of Information Services (BIS) is developing a web-based tracking system to evaluate program outcomes and effectiveness.

## **6. In-Service Training, Consultation and Coaching**

The DCFS Training Section will continue to provide training on understanding and using the results of US Search reports, identifying family members and their contact information. Bob Lewis, Darla Henry and LATC will each provide in-service training, consultation and coaching to the pilot offices, the Permanency Leadership Teams in each office and the Project Lead Managers. LATC will conduct family finding training and provide ongoing support over six months. Bob Lewis will provide training on communicating with youth and family members, and Darla Henry will provide sessions for each pilot office on preparing youth for permanence.

## **7. Performance Measurement**

Each pilot office will maintain a Project Lead Manager, a High-Needs Youth Permanency Leadership Team, a specialized unit and identified secondary Permanency Coordinators. Each office will conduct bi-annual surveys to identify the youth in their office that meet the criteria for servicing by the specialized unit. All youth meeting these criteria will be identified as Youth Permanency (YP) cases; outcomes of the YP youth served by the YP Units will be compared to the outcomes for YP youth who are unable to be served by the YP Units and are on regular caseloads.

## **8. Facilitative Administrative Support Needed**

DCFS has established a Youth Permanency Implementation Group that meets on a bi-monthly basis to provide ongoing support to the YP Units. The important lessons learned through the development work at Metro North and subsequent work in the Pomona Office indicate a need for consistent high level support for the very challenging work necessary to create permanent connections for older youth in foster care. Reduced caseloads and a variety of secondary support workers are essential to working with these highest-need youth. Clear advocacy of this need for reduced caseloads in labor management discussions continues to be necessary. Additionally, the great benefit of ongoing consultation and coaching from national experts on working with high-need youth must be recognized and supported.

**C. Up-front Assessments on High Risk Cases with Expanded Family Preservation and Alternative Response Services**

**1. Priority Initiative Description**

DCFS established an up-front assessment program in the Compton office through the use of an existing County-contracted Family Preservation agency, Shields for Families. Up-front assessments continue to prevent unnecessary foster placement through more thorough investigation and assessment of Child Protection Hotline (Hotline) high-risk referrals of alleged child abuse and neglect involving substance abuse, domestic violence and/or mental health issues and immediate linkage to services. In this second Waiver sequence, up-front assessments will be expanded to all DCFS regional offices, enabling CSWs throughout the County to access these contracted services. Family Preservation agencies in the various service areas will be contracted with to provide up-front assessments, participate in TDM meetings and refer and/or provide necessary Family Preservation or Alternative Response Services (ARS) to referred families.

**a. Target Population and Theory of Change**

The target population for up-front assessments will be families countywide with high-risk referrals from the Hotline related to substance abuse, domestic violence and/or mental health issues. Contracted community-based Family Preservation agencies with expertise in the areas of substance abuse, domestic violence and/or mental health will provide immediate comprehensive assessments and connect families to treatment and ancillary services in the community. This will allow Emergency Response CSWs to make more informed case decisions, and in many cases, allow children to remain safely in their homes.

**b. Cost**

**Staffing Costs**

Three CSA Is will be hired to manage the expansion of up-front assessments, including oversight of the Family Preservation contracts. The cost projection for their salaries, employee benefits and services and supplies for a five-month period in FY 08-09 is \$171,000 and \$387,000 for FY 09-10.

**Family Preservation Expanded Program Costs**

The decrease in the number of detentions will result in the need for increased Alternative Response Services (ARS) and Family Preservation Services allowing children to remain safely in their homes. This increased cost for a four-month period in FY 08-09 will be \$14,000 (ARS) and \$1,623,000 (Family Preservation); the increased cost for FY 09-10 will be \$50,000 (ARS) and \$5,842,000 (Family Preservation).

Up-front Assessment Costs

The program costs for up-front assessments and TDM participation by Family Preservation agencies were calculated based on the experience of the Compton Office and consultation with Shields. It is calculated that in FY 08-09, due to the implementation of up-front assessments department wide, approximately 10% of all monthly referrals will require an up-front assessment of parental substance abuse, domestic violence and/or mental health issues for which the social workers require additional expertise and that Family Preservation agencies will participate in TDMs for each assessment. During FY 09-10, it is calculated that 12% of all monthly referrals will require an up-front assessment. It is further assumed that 10% of the assessments will result in Family Preservation Services for an average period of nine months, and that an additional 3% of these assessments will result in ARS for an average period of three months.

Costs for Four-Month Period in FY 08-09 (March – June)

Four-month costs for expanded Family Preservation services	\$1,623,000
Four-month costs for expanded ARS	14,000
Four-month costs for up-front assessments and TDM participation	589,000

Costs for FY 09-10

Costs for expanded Family Preservation services	\$5,842,000
Costs for expanded ARS	50,000
Costs for up-front assessments and TDM participation	2,447,000

**c. Timeframe**

Development:	July 2007 – December 2008
Initial Implementation:	February 2009
Full implementation	June 2010

#### **d. Outcomes and Reinvestment Impact**

##### Outcomes

Through this collaborative relationship and proactive approach, DCFS expects to accomplish the following outcomes:

- Increase the number of children who remain safely in their own homes (through the provision of appropriate services that reduce risk of detention);
- Increase the number of families/children with clearly identified treatment needs;
- Increase the number of families engaged in their own assessment and/or treatment;
- Reduce the timelines to reunification (through early linkage to appropriate services);
- Decrease the number of children who re-enter foster care within 12 months from reunification; and
- Increase the number of DCFS staff with a greater understanding of mental health and co-occurring disorders.

##### Reinvestment Impact

It is estimated that DCFS regional staff currently assesses an average of 12,480 high-risk children per year. At the average departmental detention rate of 7%, approximately 875 children would be detained from the 12,480 high-risk child referral population. It is expected that use of up-front assessments and subsequent connection of families to treatment and ancillary services will result in a 13% reduction of high-risk children being removed from their families (13% of the 6,240 high-risk children).

With the use of up-front assessments, it is anticipated that as a result of fewer detentions, there will be an increased need for Family Preservation services and ARS (see "Costs" above). Therefore, any savings related to up-front assessments will be offset by the additional costs needed for additional Family Preservation and ARS slots. A cost analysis will be performed at each office location to determine the cost savings for those children safely diverted from out-of-home care. It is anticipated that these cost savings may be substantial. With the savings earned, reinvestment can then be directed to offset additional Family Preservation and ARS.

#### **2. Procurement Vehicle and Process (Contracted Services)**

Family Preservation agencies will be contracted with to provide up-front assessments and participate in TDM meeting and for additional FP and ARS slots.

### **3. Recruitment and Selection of Staff (Direct Services)**

Three Children Services Administrator Is will be recruited and hired to coordinate and manage the expansion of up-front assessments to all DCFS regional offices.

### **4. Pre-Service Training**

Emergency Response CSWs will be trained by the Family Preservation Unit and Up-front Assessment CSA Is on the appropriate and efficient use of up-front assessments and the contracted responsibilities of the agencies.

### **5. Decision Support Data Systems**

Full implementation will be measured utilizing data systems currently in existence through DCFS and in use by the Family Preservation agencies.

### **6. In-Service Training, Consultation and Coaching**

The Family Preservation Unit and Up-front Assessment CSA I will jointly provide the following in-service training: monthly continuous quality improvement (CQI) meetings with regional office management and staff (SCSWs and CSWs), with regular feedback to the regional offices' Management team and designated Family Preservation agencies.

### **7. Performance Measurement**

Implementation will be measured systematically by the following performance indicators:

- a. Whether up-front assessments are initiated and completed for all high-risk referrals received by the office in a timely fashion.
- b. Whether up-front assessments result in a decrease in the number of children removed from their families.
- c. Whether up-front assessments of cases with unavoidable detentions result in reduced timelines to reunification (through early linkage to appropriate services).
- d. Whether up-front assessments result in a decrease in the number of children who re-enter foster care within 12 months of reunification.

## **8. Facilitative Administrative Support Needed**

Timely development of a contract amendment for the Family Preservation providers will be required.

### **D. Promoting Safe and Stable Families (PSSF)**

In addition to the three-second sequence Waiver implementation priorities outlined above, \$970,000 in Waiver funding will be utilized to restore federal cuts made to four Promoting Safe and Stable Families (PSSF) programs in FY 08-09 so that mid-year contract cuts will not have to be made:

- Family Support – services provided by community-based agencies to promote the well-being of children and families, by increasing the strength and stability of families (including adoptive, foster, and extended families), increasing parents' confidence and competence in their parenting ability, and affording children a stable and supportive family environment, and otherwise enhancing child development. Family Support is a proactive approach towards the prevention of family problems.
- Family Preservation – services provided by community-based agencies to strengthen and preserve families who are at risk or experiencing problems in family functioning, with the goal of assuring children reside in safe and nurturing environments.
- Time-limited Family Reunification (TLFR) – under an MOU between DCFS and DHS, TLFR enhances the availability of alcohol and drug assessment and treatment services for eligible DCFS families. The intent of these services is to connect families with timely, intensive, and responsive support services in order to shorten the time it takes for parents to reunite with their children, who have been in placement for 15 months or less.
- Adoption Promotion Services and Support (APSS) – designed to encourage more adoptions of children in the foster care system, by providing information, therapy, mentors, support groups and linkages to services designed to expedite the adoption process and support adoptive families. APSS services are provided by community-based agencies with adoption expertise before, during and after adoption, and represent the only program of its kind available to DCFS families in the County with finalized adoptions.

If funding cuts to these four programs are not restored, DCFS will be required to reduce contracts for these services to the detriment of children and families we serve. Required service reductions could result in increased detentions, less timely family reunification and fewer adoptions.

### **E. Regional Office Community Partnering**

To foster enhanced collaboration with the community, \$90,000 will be provided during FY 08-09, and \$250,000 will be provided during FY 09-10 to the DCFS Regional Offices. Funding will be used to enhance communication and hold functions with our community partners in the various Service Planning Areas (SPA) around key reform initiatives such as eliminating racial disproportionality and expanding prevention services. A mechanism will be developed for offices to request and document funding and for administration to approve and track appropriate expenditures from this pool.

### **F. Implementation of Differential Response Countywide**

Differential Response is a strategy which allows child welfare agencies to respond to referrals of child abuse and neglect in an individualized manner, based on the unique needs, resources and circumstances of referred families. The target population for differential response are those children and families referred to the Child Protection Hotline (CPHL). Rather than responding to all CPHL referrals with an in-person investigation by a CSW, Differential Response assumes that "one size does not fit all." With Path 1 Differential Response, referrals in which child maltreatment is not a concern, the child is deemed to be safe, and there are no or low risks of harm to the child, but the family is clearly experiencing problems or stressors, the most appropriate option may be to connect the family with community services. Connecting families with community services serves to strengthen and stabilize their relationships, reduces re-referrals and heads off instances of potential child abuse and neglect.

DCFS currently assigns a larger percentage of CPHL calls for child abuse investigation than other California counties. While DCFS currently opens investigations on 86% of the CPHL reports taken, other counties in California, on average, assign investigation to 67% of the reports taken. On the other hand, DCFS "evaluates out" referrals, or, upon determining that an in-person investigation is not required, refers families to appropriate community services, at a much lower rate (14%) than other California counties (33%). Based on these investigation assignment and evaluate out rates, DCFS sees the implementation of Path 1 as an opportunity to deflect appropriate families to community agencies and their networks, decreasing the number of children that enter the child welfare system and reducing CSW caseloads so social workers are more able to focus on families with greater child protection needs.

We will use reinvestment funds to implement Differential Response in FY 09-10, as appropriate CPHL referrals will be diverted to community-based agencies and networks before family needs escalate and child safety becomes a concern, obviating the need for an open DCFS investigation. These agencies and their networks will work with families to access services, activities and supports that strengthen their well-being as well as that of the communities in which they reside. The program will increase shared responsibility for child safety in the community and decrease the number of referrals to

regional offices. Ultimately, only those children and families who need a formal child protection response will receive this level of intervention.

DCFS will consider numerous contracting strategies to implement the most effective Differential Response program in the upcoming fiscal year. The contracting process will focus on identifying lead community-based agencies who can demonstrate their ability to develop and implement social networking and family economic development strategies with their traditional case management services for community residents. This is important, as an effective Differential Path 1 program will require agencies to provide traditional case management services in a manner that builds community and resident resilience, establishes strong social networks, and promotes community/family economic stability. The implementation of a successful program will also require and foster unprecedented partnerships between the lead community-based agencies and DCFS regional offices.

### **Next Sequence DCFS Implementation Priorities**

DCFS has identified additional priority initiatives (listed below) for the next sequence of implementation past FY 09-10. DCFS will continue to develop plans for the next sequence over the next six months and submit an updated implementation plan for these and other identified priorities after analyzing outcomes related to initiatives underway:

- Expansion of Family Finding and Engagement Permanency Units to Additional Regional Offices
- Expansion of FTDM Quarterly Permanency Planning Conferences for all Children in Out-of-Home Care
- Enhanced Family Visitation
- Recruitment, Development and Use of Community Based Placements
- Use of Aftercare Support Services

### **Section Three: Probation Title IV-E Waiver Implementation Plan**

#### **X. Probation Implementation Plans**

##### **Second Sequence Probation Implementation Priorities**

After considering the target populations, ease and speed of implementation efforts, and breadth of impact on the desired Waiver outcomes, Probation has selected the following second sequence implementation priorities for FY 08-09 and FY 09-10:

- Expansion of Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST)
- Enhanced Cross-Systems Case Assessment and Case Planning
- Prospective Authorization and Utilization Review Unit (PA/URU)

#### **A. Expansion of Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST)**

##### **1. Priority Initiative Description**

Probation has adopted FFT/MST as a first line treatment approach to serve youth at-risk of removal from the home and youth returning home from congregate care. FFT/MST has demonstrated the following positive outcomes for serious juvenile offenders: 1) reductions of 25-70% in long-term rates of re-arrest; 2) reductions of 47-64% in out-of-home placements; 3) extensive improvements in family functioning; and 4) decreased mental health problems for serious juvenile offenders. These services are delivered in the home, school, and community rather than in a clinic or residential treatment setting.

Waiver funding will be utilized in FY 09-10 to restore funding for six Deputy Probation Officers (DPOs) previously funded by the Mentally Ill Offender Crime Reduction – Intensive Case Management (MIOCR-ICM) grant program. In FY 07-08, Probation leveraged MIOCR-ICM grant funding to expand FFT/MST services targeting Probation foster care youth and their families. The grant program required that six supervision DPOs support FFT efforts through intensive case management. To support this initiative, Placement Aftercare DPOs supported both in-house and contracted FFT service providers by providing intensive supervision using the evidence based Functional Family Probation supervision model. In June 2008, Sixteen DPOs were trained and certified in FFT to serve foster care youth that were ineligible to receive services from the contracted providers due to their Medi-Cal status and/or residence outside the catchment area of the contracted providers.

The MIOCR-ICM grant funding has ended, however, this grant was, in part, the foundation of our first year initiatives. This initiative will require that the aftercare component continues to serve Title IV-E program target population. Additionally, a Group Probation Program Analyst, approved in the Title IV-E FY 07-08 Implementation

Plan, will continue to act as a Group Home Liaison for youth identified for early family reunification. This staff will assist in connecting youth, families, group homes, Probation and FFT providers during the placement transition phase in an effort to make the transition seamless for the youth and family. Probation Placement youth are identified for aftercare supervision in an effort to enhance timelier exits to permanency and support long-term family reunification.

Probation will be enhancing services by implementing a new component to this initiative, Parent Daily Reports (PDR). Waiver funding will be utilized by Probation in FY 08-09 and 09-10 to establish an aftercare support service for youth and families. Five Community Workers will complete PDRs for all youth that have transitioned from group home and relative/non-relative care back to their homes. PDRs are a component of the evidence based Multidimensional Treatment Foster Care (MTFC) program and provide crucial information on a family's progress during the first 60 days of family reunification. The PDRs will allow the DPO of Record and the treatment teams to make appropriate interventions, if needed, to support family reunification. It is anticipated that this effort will improve response time to youth and family needs while reducing the percentage of youth that re-enter the foster system and/or fall deeper into the juvenile justice system due to antisocial behaviors that could lead to higher levels of care, such as Camp Community Placement.

**a. Target Population and Theory of Change**

The target population will be approximately 150 Placement youth who are transitioning from out-of-home care back to their communities. FFT promotes behavioral change in the youth's home environment, using the strengths of each system (e.g., family, peers, school, neighborhood, and indigenous support network) to facilitate change. These outreach services have demonstrated significant outcomes in the areas of safety, well being, and permanency.

**b. Cost**

In FY 08-09, \$64,000 will be allocated for partial year funding of 5 Community Worker positions. In FY 09-10, \$256,000 for full-year funding of these 5 items, \$540,000 for six DPO positions, and \$164,000 for DMH contracted services will be allocated.

**c. Timeframe**

Initial Implementation:	April 2009
Full Implementation Completed by:	April 2009

#### **d. Outcomes and Reinvestment Impact**

##### Outcomes

Expansion of FFT/MST will primarily focus on impacting timelier exits to permanency, well being, and safety.

##### Reinvestment Impact

It is anticipated that this program will support reduced timelines to family reunification. This will have an impact on the ability to realize reinvestments under the CADP.

#### **2. Recruitment and Selection of Staff (Direct Services)**

Some staff are in place as this priority program was implemented in FY 07-08. For the new positions, once Board approval has been obtained, Probation will start recruitment efforts in February 2009 to allow sufficient time to ensure that the most qualified candidates can apply.

#### **3. Pre-Service Training**

Probation provided pre-service training to all internal staff impacted by this initiative prior to implementation.

#### **4. Decision Support Data Systems**

Departmental Information Services Bureau (ISB) and Placement Quality Assurance (QA) Operation staff will develop a data tracking system that will identify actual systematic enrollment recommendations to the Courts and actual enrollments realized. These data will assist in identifying any deviations from the projected benchmarks and will capture data that will assist in evaluating program performance.

#### **5. Consultation**

The Director of the Placement QA Operation will provide regular feedback to all Placement Services Bureau managers and the Title IV-E Program Coordinator.

#### **6. Performance Measurement**

To assist in both the achievement of outcomes and program evaluation, the following Performance Measures will be applied to this initiative:

- a. 95% of the Placement participants identified for monthly systematic program enrollments will receive services.

- b. 95% of eligible Placement youth identified for FFT enrollment will be returned to Court with a recommendation of Home on Probation with FFT services in lieu of continued out-of-home care by the DPO of Record.
- c. 95% adherence to FFT/MST program requirements that ensure program fidelity by contracted providers.
- d. 95% compliance by all contracted providers to all Performance Measures as outlined in the FFT/MST County contract.

## **7. Facilitative Administrative Support Needed**

Management data systems will be developed. Quality Assurance (QA) and Placement Administrative Operations impacted staff will receive training on data systems. Technical assistance will be obtained from the California Institute of Mental Health (CIMH).

## **B. Enhanced Cross-Systems Case Assessment and Case Planning**

### **1. Priority Initiative Description**

Waiver funding will be utilized to cover the increased costs for three Clinical Psychologists contracted with through the Department of Mental Health (DMH) to participate on the Cross-systems Case Assessment and Case Planning Team with three DPOs. This Team is charged with conducting cross-systems assessments for youth with a Suitable Placement court order, developing initial treatment plans for these youth, and identifying the most appropriate placement for all youth newly detained on a Suitable Placement court order.

The goal of the cross-systems assessment process is to provide information regarding mental health needs before the placement decision is made. The cross-system assessment is an evaluation of the youth's psycho-social functioning (DMH) and criminogenic needs and risks (Probation). DMH has conducted two collaborative studies with UCLA utilizing a highly structure diagnostic inventory, the Diagnostic Interview Schedule for Children (DISC). These studies provide baseline data for the incidence and prevalence of mental health problems in incarcerated youth in Los Angeles County. Placement youth are a subset of this population. Preliminary analysis of characteristics of placement youth indicates that they:

- Are slightly younger, with an average age of 15
- Have an average of 3 incarcerations
- Have an average of 1.8 placements
  - 59% = first placement

- Have a slightly lower incidence of disruptive behavior disorders than the overall population; this is the strongest predictor of length of time in placement
- Have a similar incidence of mood disorder
- Have the highest risk scores relative to all of the youth on juvenile supervision

This profile of youth entering care will help our staff to tailor treatment plans to better meet the needs of the youth and more appropriately match youth needs with group home providers.

Probation will enhance its placement case assessments and case planning process. Research on foster care youth illustrates a principal connection between events and outcomes. In simple terms, this connection can be expressed as follows:

- Youth in foster care often enter the system with mental health, medical, educational, and/or behavioral problems. Mental health and behavioral problems tend to create difficulties in a youth's placement, often leading to multiple placements. Multiple placements are proven to be detrimental to the youth's ability to achieve safety, well being, and permanency goals.
- Given the harm associated with multiple placements, Probation's enhanced cross-systems case assessment and planning will aid in connecting Probation youth with the most appropriate setting at the onset of their foster care experience, taking into account their mental health, educational, medical and behavioral issues.
- Cross-systems case assessments, case planning, and appropriate placement recommendations will be provided by DMH, contracted Education Specialists, and Probation. Each youth entering care will receive a formal assessment resulting in an individualized case plan and placement recommendation. Three DPO IIs will be assigned to this program and will provide case screening that will include review of juvenile arrest/Probation history, case documents and Los Angeles Risk and Resiliency Check Up (LARRC). They will provide the DMH staff and Education Specialists with their findings and case plan recommendations. The DMH staff and the contracted Education Specialists will be co-located in each of Probation's three Juvenile Halls. They will provide assessments and initial case planning within three to five days after the Suitable Placement Notification is received by the Placement Services Bureau. Their assessment will include Placement service/treatment needs. The DPOs will refer the youth to the most appropriate group home based on the Cross-Systems Assessment. Upon notification of acceptance, the DPOs will develop the Group Home Agreement Packet that will include the assessment and initial case plan prior to the youth's release to the group home. DPOs will provide Group Home Intake staff with the assessment and initial case plan at the time the Group Home Intake staff sign the required Placement acceptance paperwork.

Protocol will require teams to:

- Analyze and review specific documentation that captures educational, psychological, behavioral, and family dynamics that will drive the overall assessment;
- Develop an individualized initial case plan upon completion of the assessment. When possible, the team will include parents and relevant family members in the service and treatment planning;
- Link the level-of-care and treatment criteria to the assessment;
- Identify the most appropriate placement to best serve the needs of the youth and provide a placement recommendation;
- Furnish the out-of-home care provider with the initial case/treatment plan and assessment; and,
- Conduct and oversee coordination of placement from the Juvenile Hall setting by the Deputy Probation Officer (DPO) team member, as a final stage.

**a. Target Population and Theory of Change**

This initiative will target approximately 200 “new” Suitable Placement youth detained in Juvenile Hall, per month. The average monthly intake of “new” Suitable Placement cases for FY 06-07 was 200. Employment of a cross-systems case assessment and planning process will increase the likelihood of identifying best possible placements to respond to the varied needs of youth, thereby improving the chances of achieving safety, well being and permanency.

**b. Cost**

The cost for DMH staff will be \$196,000 in FY 08-09 and \$370,000 in FY 09-10. Funding for this program is currently within Probation’s existing budget.

**c. Timeframe**

Initial Implementation:	April 2009
Full Implementation Completed By:	April 2009

#### **d. Outcomes and Reinvestment Impact**

##### Outcomes

Enhanced Cross-Systems Case Assessment and Case Planning, at the onset, will:

- Increase appropriateness of placement decisions for all youth entering out-of-home care;
- Initiate the needed service collaboration between Probation, Group Home Provider, DMH and Education prior to the youth entering the group home;
- Provide an individualized initial case/treatment plan that will be effective at the onset of the youth's placement. This will reduce any delays in critical treatment provisions that often occur during the transition phase of removal from the home and placement into residential care. The treatment plan will be a starting point for the Supervision DPO, Group Home Provider, and the youth and family;
- Increase placement stability;
- Reduce the likelihood of future replacements through the securing of a treatment site that best meets the youth's needs; and,
- Fill the gap that is often experienced by both the Provider and Supervision DPO at the onset of placement episodes, as both agencies will have communicated with the Cross-Systems Assessment Team, and both agencies will enter into their supervision roles with a unified treatment plan that will be amended as the youth progresses through treatment.

Historically, in many of cases, out-of-home care treatment services focused on the symptom rather than the underlying cause due to a lack of knowledge and/or experience in a particular discipline. This resulted in failed treatment and additional harm to the youth. It is believed that if the youth receives an appropriate treatment plan that is developed at the onset of their placement experience the end product will be a treatment plan that spans the critical emotional, psychosocial, behavioral, and educational domains of the youth. This, paired with placement decisions that identify the most appropriate care facility that has the ability to address the individual needs of the youth, will result in the best outcomes and expedite the youth's return home.

Cases will be tracked in an effort to identify whether the following program assumptions hold true: 1) appropriate placements will result in reduced timelines to permanency; and, 2) finding appropriate placements at the onset will reduce the likelihood of replacements and AWOLs and increase both safety and well being.

### Reinvestment Impact

It is anticipated that this program will support reduced timelines to family reunification. This will have an impact on Probation's ability to realize reinvestments under the CADP, however, due to limited or unreliable baseline data, benchmark projections cannot be developed with any degree of certainty at this time.

The Placement Services Bureau will monitor placement data during FY 08-09 in an attempt to identify baseline data that will allow Probation to identify and support program benchmark projections for the remainder of the CADP. Benchmark projections that Probation will focus on will include the effectiveness of treatment services provided in congregate care as evidenced by a reduction in Group Home Serious Incident Reports, reduction in the timelines for meeting treatment goals, and a reduction in average lengths of stay.

## **2. Recruitment and Selection of Staff (Direct Services)**

Once Board approval has been obtained, Probation will start recruitment efforts in February 2009 to allow sufficient time to ensure that the most qualified candidates can apply. Probation will work closely with DMH in an effort to expedite the internal procedures needed to secure qualified staff and overall program implementation. Probation will work closely with DMH and Supervision DPOs to ensure that the program is carried out and treatment plans are implemented at the onset of all placements. Additionally, ongoing stakeholder engagement will occur to identify needed program enhancements and obtain feedback regarding program outcomes throughout the CADP.

## **3. Pre-Service Training**

Probation will provide pre-service training to all internal staff prior to their reassignment in an effort to prepare them for what their job duties will entail and supply them with an overview of the challenges. Probation will provide staff with pre-service training prior to their participation in the program. Training will include scope of work, available treatment options, and a review of overall Probation Placement adopted supervision and treatment philosophies. All program staff will be trained in the principles of evidence based practices by Probation's contracted consultants, CIMH.

## **4. Decision Support Data Systems**

Departmental Information Services Bureau (ISB) and Placement Administrative Office staff will develop a data tracking system that will identify baseline data, which is needed to capture cost and reinvestment projections relating to this initiative. Additionally, these staff will capture the number of assessments conducted, initial case plans developed, as well as placement and replacement episodes. The data will assist in evaluating

numerous Probation CADP efforts to include any deviations from benchmark projections, as well as, capture the performance measures outlined below.

#### **5. In-Service Training, Consultation and Coaching**

The Director of the Placement Administrative Office and the Director of Placement Quality Assurance will provide regular feedback to all Placement Services Bureau managers and the Title IV-E Program Coordinator.

#### **6. Performance Measurement**

Implementation will be measured by the following:

- a. 100% of detained youth with a “new” Suitable Placement court order will be assessed within three to five days from the submission of a Suitable Placement notice to the Placement Services Bureau.
- b. 100% of detained youth with a “new” Suitable Placement court order will have an initial case plan developed by the assessment team within three to five days from the submission of a Suitable Placement notice to the Placement Services Bureau.
- c. 100% of assessed youth will have their case plan submitted to the provider prior to or on the date of their placement.
- d. 90% adherence to program fidelity by all assessment team members.

It is anticipated that upon capturing baseline data, Probation will be able to identify a Performance Measure identifying a benchmark for the reduction of replacements.

#### **7. Facilitative Administrative Support Needed**

Management data systems will be developed. Quality Assurance (QA) and Placement Administrative Operations impacted staff will receive training on data systems. Technical assistance will be obtained from ISB and the Title IV-E management team.

### **C. Prospective Authorization and Utilization Review Unit (PA/URU)**

#### **1. Priority Initiative Description**

Probation has three successful evidence based programs that specifically target the juvenile justice population; FFT, FFP, and MST. Additionally, Probation also has promising programs, Wraparound Services and Family Preservation, which are

designed to support the family. There are limits to both the availability and number of services for each of these valuable programs. To reduce the number of youth who are removed from their homes and placed in out-of-home care, the Probation Department has to strategically manage and disperse services in order to maximize outcomes and reduce our reliance on out-of-home care.

Probation will establish the PA/URU to assist in the decision making process to match youth and families with appropriate services. This unit will improve consistency in service utilization as referrals to services will be pre-approved, based on whether or not a youth and family meet the specified focus for each service. The unit will be responsible for:

- Tracking available services by provider,
- Approving all Probation referral requests,
- Reviewing the use of each of these services at designated intervals to ensure that there is a systematic approach to the rationale that allows for extended services that may be required to obtain desired outcomes on a case by case basis, and
- Collecting, tracking, warehousing and analyzing data specific to each type of service to identify data trends and possible service outcomes.

This will improve the Department's ability to strategically:

- Manage available resources,
- Coordinate and standardize service access/management protocols and utilization review procedures,
- Maximize outreach and crisis interventions services to high risk and/or high need youth and families,
- Profile and track provider performance and youth and family progress,
- Provide a viable alternative to out-of-home care,
- Maximize the use of limited resources, and
- Track data trends based on standardized criteria.

#### **a. Target Population and Theory of Change**

This initiative will target all youth who are identified as possible candidates for service by the DPO of Record, and all youth who are being considered for out-of-home care, such as group home placement or Camp Community Placement. It is believed that this initiative will assist in matching youth and families to appropriate services, maximize

outcomes, increase the number of youth who can remain in their homes, increase family functioning, and reduce the costs associated with out-of-home care.

**b. Cost**

The cost is \$127,000 in FY 08-09 for partial funding of 1 Probation Director, 1 Supervising DPO, and 3 Probation Program Analyst positions and \$513,000 in FY 09-10 for full-year funding of these items.

**c. Timeframe**

Initial Implementation: April 2009  
Full Implementation Completed By: July 2010 (This is contingent on having the unit staff hired and in place in April 2009)

**d. Outcomes and Reinvestment Impact**

Outcomes

The PA/URU, at the onset, will:

- Increase appropriateness of services;
- Increase outcomes;
- Increase management efficiency;
- Reduce the use of out-of-home care by securing a treatment site that best meets youth and family needs;
- Reduce the reliance on out-of-home care; and
- Reduce county spending.

Case recommendations and outreach service enrollments will be tracked in an effort to identify whether the aforementioned program assumptions hold true.

Reinvestment Impact

It is anticipated that this initiative will reduce the number of youth who will receive a Court Order of Placement and/or replacement and decrease the average length of stay in out-of-home care, therefore, increasing the number of youth who will experience timelier exits. This will have an impact on Probation's ability to realize reinvestments under the CADP, however, due to limited baseline data, benchmark projections cannot be developed with any degree of certainty at this time.

Placement Quality Assurance will monitor placement data during FY 08-09 and 09-10 in an attempt to identify baseline data that will allow Probation to identify and support program benchmark projections for the remainder of the CADP. Benchmark projections that Probation will focus on will include the number of youth that were considered for placement but remained in their homes, number and types of outreach services recommended and overall enrollments.

## **2. Recruitment and Selection of Staff (Direct Services)**

Once Board approval has been obtained, Probation will start recruitment efforts in February 2009 to allow sufficient time to insure that the most qualified candidates can apply.

## **3. Pre-Service Training**

Probation will provide pre-service training to all internal staff prior to their reassignment in an effort to prepare them for what their job duties will entail and supply them with an overview of the challenges. Probation will provide staff with pre-service training prior to their participation in the program. Training will include scope of work, available treatment options, and a review of overall Probation Placement adopted supervision and treatment philosophies. All program staff will be trained in the principles of evidence based practices by Probation's contracted consultants, CIMH.

## **4. Decision Support Data Systems**

Departmental Information Services Bureau (ISB) and the Placement Quality Assurance staff will develop a data tracking system that will identify baseline data, which is needed to capture the benchmark data. The data will assist in evaluating the performance measures outlined below.

## **5. In-Service Training, Consultation and Coaching**

The Director of Placement Quality Assurance will provide regular feedback to all Placement Services Bureau managers and the Title IV-E management staff.

## **6. Performance Measurement**

Implementation will be measured by the following:

- a. 85% use of available contracted outreach services.
- b. 90% adherence to program fidelity by all assessment team members.

It is anticipated that upon capturing baseline data, Probation will be able to identify additional Performance Measures to include identifying a benchmark for the reduction of placement orders.

#### **7. Facilitative Administrative Support Needed**

Management data systems will be developed. Impacted staff will receive training on data systems that will be used by this unit. Technical assistance will be obtained from CIMH, ISB and the Title IV-E management team.

#### **Next Sequence Probation Implementation Priorities**

Probation will analyze initiative outcomes prior to identifying additional efforts. Findings will dictate the need to modify, enhance, and/or terminate current efforts relating to these identified initiatives.